

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

NOV 4 1982
COLO. OIL & GAS CON.S. COMM.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 64/1277
2. NAME OF OPERATOR EXETER EXPLORATION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 5928 T.A.; Denver, COLORADO 80217		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL (NE NE) Sec. 15-T10N-R53W Logan County, Colorado Approx. Same		8. FARM OR LEASE NAME STATE-PROPST
14. PERMIT NO. ID #10N53H15		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4173' GL; 4181' KB		10. FIELD AND POOL, OR WILDCAT Bonanza/'J' Sand
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NE 1/4 Sec. 15-T10N-R53W
		12. COUNTY Logan
		13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u>	<u>XX</u>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work Effective 7:00 a.m. 11-1-82

Effective 7:00 a.m. 11-1-82 Exeter Exploration Company relinquished operations of the subject lease and well to:

C. W. HUGHES
804 Midland Savings Bldg.
Denver, Colorado 80202
Phone: 303/629-1600

By copy of this notice, we are hereby advising Mr. Hughes of his responsibility to post the appropriate bond and to fulfill all obligations of Operator in accordance with the rules and regulations of the local, state, and federal governing bodies.

DVR	
FJP	
HHH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

18. I hereby certify that the foregoing is true and correct

SIGNED Mark E. Weems TITLE Production Engineer DATE October 29, 1982

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 6 1982

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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