



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

RECEIVED
SEP 10 1987
COLO. OIL & GAS CONSERV. COMM.



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

5. LEASE DESIGNATION & SERIAL NO.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
10. FIELD AND POOL, OR WILDCAT
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
12. COUNTY
13. STATE

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.)

SCANNED

1. OIL WELL GAS WELL OTHER **Dry Hole**
2. NAME OF OPERATOR
Olympia Energy
3. ADDRESS OF OPERATOR
6970 S. Holly Circle #204 Englewood, Co. 80112
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface **1980 FWL 1800 FNL-Sec6-2N-58W**
At proposed prod. zone
Same
14. PERMIT NO. **86-909**
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4499 DF

Ashley
#1
Ashley
T2N-58W
Morgan
Colo

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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.)

18. Date of work **Aug 28, 1987**

* Must be accompanied by a cement verification report.

**25 Sx cement over perforations
Cut & pull 4 1/2" casing 5200'
Pumped 20 Sx to cover base of surface csg.
Cut off surface 3 feet below ground level
Spotted 5 Sx in top of surface casing & welded cap on top surface**



19. I hereby certify that the foregoing is true and correct
SIGNED *Earl S. Rinney* TITLE **Vice President** DATE **9/8/87**

(This space for Federal or State office use)
APPROVED BY *G. A. [Signature]* TITLE **SUPR. PETROLEUM ENGINEER** DATE **SEP 15 1987**
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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