

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



00250202

RECEIVED

SEP 3 1985

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

5. LEASE DESIGNATION & SERIAL NO.  
C-0615/~~COLO~~ OIL & GAS CONS. COMM.  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Sun Exploration & Production Company		8. FARM OR LEASE NAME Federal Fox	
3. ADDRESS OF OPERATOR P.O. Box 5940 T.A., Denver, CO 80217		9. WELL NO. 29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <del>1980' FNL &amp; 1980' FWL</del> NW NW		10. FIELD AND POOL, OR WILDCAT McClave CRAIG N	
At proposed prod. zone		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-8N-90W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6512.5' GI	12. COUNTY Moffat	13. STATE CO

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>see below</u>	
(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 \_\_\_\_\_ \* Must be accompanied by a cement verification report.

Sundry submitted 6-10-85 regarding shut-in well due to inability to market. Effective the later part of June Well status is now T.A.

WRC
FJP
PHD
✓
PHD
LAR
✓
OGM
ED

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

SIGNED Ana McQuinn TITLE Sr. Acctg. Assist. DATE 8-28-85

(This space for Federal or State office use)

APPROVED BY William H. Smith TITLE DIRECTOR DATE SEP 10 1985  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: