

STATE OF COLORADO
 CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES

API 001 09613VED
 FEB 27 1981



99999999

ate for Patented and Federal lands.
 ate for State lands.

5. LEASE DESIGNATION & SERIAL NO.
 C-1 LEASE OF GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 WINGER

9. WELL NO.
 1

10. FIELD AND POOL, OR WILDCAT
 WC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 23-3S-56W

12. COUNTY
 Washington

13. STATE
 CO

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 GAS WELL OTHER

2. NAME OF OPERATOR
 EXAL, INC. 100015

3. ADDRESS OF OPERATOR
 12345 W. Alameda Parkway, Suite 206; Lakewood, CO 80228

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
 See also space 17 below.)
 At surface C NE NE
 At proposed prod. zone

14. PERMIT NO.
 81-5

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 4803 GR

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 1-4-81

* Must be accompanied by a cement verification report.

SEE ATTACHMENT



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

SIGNED [Signature] TITLE _____ DATE 2/25/81

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 2 1981
 C-1 CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

#



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RECEIVED
FEB 27 1981

COLO. OIL & GAS CONS. COMM.

PLUGGING REPORT

J. W. GIBSON WELL SERVICE, INC.

Well Name Winger #1

Location NE/NE SEC-23 T35 R56W

Operator EXPL. INC.

This well was filled with Wt. 10. Mud.

1.5 sacks were put at the bottom of surface pipe and

10 sacks at the top of the surface pipe.

To my knowledge, no junk was left in the hole.

Signed,

J. W. GIBSON WELL SERVICE, INC.

David Reind

Date 1-4-81 DOUG ROGERS