

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



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

RECEIVED  
DEC 19 1985

COLORADO OIL & GAS CONSERVATION COMMISSION

5. LEASE DESIGNATION & SERIAL NO.

**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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Kenneth L. Tipps

8. FARM OR LEASE NAME  
State

3. ADDRESS OF OPERATOR

1720 S. Bellaire #410, Denver, CO80222

9. WELL NO.  
16-1

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

NE NE NE Sec. 16

10. FIELD AND POOL, OR WILDCAT  
Adobe

At proposed prod. zone

330' FNL, 330' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 16, T8N, R54W

14. PERMIT NO.  
85-1630

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4330 GR

12. COUNTY  
Logan

13. STATE  
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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) _____	
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

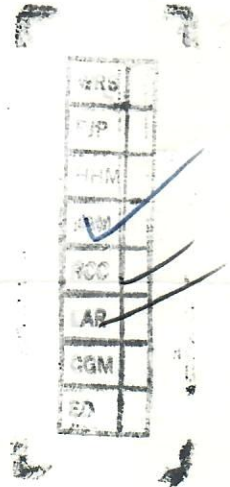
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

18. Date of work 12/6/85

\* Must be accompanied by a cement verification report.

P & A

25 sx. @ 168'. 1/2 in & 1/2 out surface pipe  
5 sx. @ top.



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

SIGNED Kenneth L. Tipps

TITLE Owner

DATE 12/17/85

(This space for Federal or State office use)

APPROVED BY William Blund

TITLE DIRECTOR  
O & G Cons. Comm.

DATE DEC 30 1985

CONDITIONS OF APPROVAL, IF ANY:

Spoke to Mary  
Dumrose 8/16/88  
To see if Exeter  
was responsible to  
backfill pits. SP

insp 8/11/88  
Exeter not responsible