

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. USA C1727	
2. NAME OF OPERATOR Jack J. Grynberg		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR 5000 S. Quebec St. #500 Denver, Colorado 80237		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 NENE Section 25, T9N-R91W 859.9' FSL, 819.3' FEL		8. FARM OR LEASE NAME -	
14. PERMIT NO. 88-865		9. WELL NO. #3-25	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6702' GR		10. FIELD AND POOL, OR WILDCAT Blue Gravel	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T9N-R91W	
		12. COUNTY OR PARISH Moffat	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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>
(Other) <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 type="checkbox"/>
(Other) <input type="checkbox"/>	

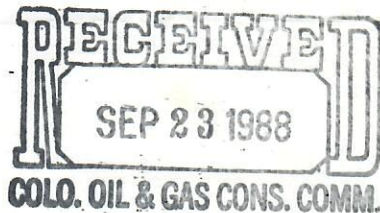
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

The location has been moved about 125' south after discussion with the landowner and BLM at the on-site inspection on 9/13/88. The access road has also been moved slightly north.

The amended surface (and bottom hole) location and elevation are shown above. Also, enclosed are amended exhibits #1, #2, #4(a) and #4(b) reflecting the amended location.

FOR OFFICE USE
DATE
BY
JJK
UC
RE



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

SIGNED Morris A. Spronk TITLE Operations Manager DATE _____

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 12 1988

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side