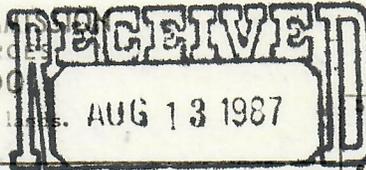




**OIL AND GAS CONSERVATION COMMISSION**  
 DEPARTMENT OF NATURAL RESOURCES  
 OF THE STATE OF COLORADO



C

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

LEASE DESIGNATION AND SERIAL NO.

IF INDIAN, ALLOTTEE OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS OSLOVILLAS GAS CONS. COMM.**

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>Powell Properties, Inc.</i>		8. FARM OR LEASE NAME <i>Holt B 09462</i>	
3. ADDRESS OF OPERATOR <i>95 main st. suite 10 Los Altos, California 94022</i>		9. WELL NO. <i>4</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>600' from south &amp; west line of tract 38. Location is approximately NESWNE Sec. 1-355-43W</i> At proposed prod. zone <i>Same as above</i>		10. FIELD AND POOL, OR WILDCAT <i>Verde</i>	
14. PERMIT NO. <i>72-986</i>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Section 1-355-43W</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3663 RKB</i>		12. COUNTY <i>Baca</i>	
		13. STATE <i>Colo</i>	

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.)

Date of work July 15, 1987  
 Mixed & pumped 1 sack hulls and 30 sacks cement to 4380'. (5 sacks into perforations 4572' to 4580'.) Filled hole to 150'. mixed 10 sacks cement and filled hole from 150' to 3' of surface. Cut off casing 3 feet below ground level and welded on steel plate. Covered and smoothed location.  
 Plugged and abandon

EXHAUSTED  
 OIL WELL

FOR OFFICE USE
FF
FF
UC
MP

BEST IMAGE AVAILABLE

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

SIGNED William R. Bailey TITLE Engineer DATE 8-9-1987

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE AUG 27 1987  
 Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: