

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



00244836

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

RECEIVED
JUN 05 1987

5. LEASE DESIGNATION AND SERIAL NO.
FEE
6. IS INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS & GAS CONSERVATION

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Bass Enterprises Production Co.		8. FARM OR LEASE NAME Meadow Springs	
3. ADDRESS OF OPERATOR 1099 18th St., Ste. 1600, Denver, CO 80202		9. WELL NO. 9-31	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2380' FSL 2271' FEL, NW NW SE Sec. 9, T11N, R68W At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Meadow Springs "J"	
14. PERMIT NO. 85-86		15. ELEVATIONS (Show whether DF, RT, OR, etc.) GL-6058	
same		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 9-11N-68W	
		12. COUNTY Larimer	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Date of work _____

Plug and abandon the well as per invoice from Donnelly Casing Pulling Co (attached).
Location to be rehabilitated as soon as possible.

FOR OFFICE USE ONLY
ET
FE
FUC
FSE

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE PRODUCTION FOREMAN DATE 6/4/87

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm. DATE JUN 9 1987

CONDITIONS OF APPROVAL, IF ANY:

