

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

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

**RECEIVED****FEB 27 1985**

SIGNATURE AND SERIAL NO.
COLO. OIL & GAS CON. COMM.
 Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>Bass Enterprises</i>		8. FARM OR LEASE NAME Meadow Springs	
3. ADDRESS OF OPERATOR 1512 Larimer Street, Suite 1000, 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, NWNWSE Section 9, T11N, R68W At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 85-86		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6058 GL	
		12. COUNTY Larimer	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"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud and Surface Casing</u> <input checked="" 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 February 24, 1985

The well was spudded at 7:00 AM on February 24, 1985.
 671 ft. of 9-5/8" 36#, K55, STC Casing was set with 375 sx of Type 2,
 3% CaCl, 1/4# Flocele cement.



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

SIGNED

TITLE Assistant Production Foreman DATE 2-25-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

MAR 1 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.