

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

TIGHT HOLE

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

**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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO.																				
2. NAME OF OPERATOR HORN RESOURCES CORP., & GEAR DRILLING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR 470 DENVER CLUB BLDG., DENVER, COLORADO 80202		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 660' FSL & 1980' FEL of SE/4 SWSE At proposed prod. zone same		8. FARM OR LEASE NAME DRAEGERT																				
14. PERMIT NO. 821098	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4575 KB	9. WELL NO. 1																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT WILDCAT																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) _____</td> <td>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</td> </tr> </table>		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.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-2N-55W
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		12. COUNTY Morgan																				
		13. STATE Colorado																				

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 5th, 1982

Well was spudded on July 1, 1982. After setting surface casing, well was drilled to total depth of 5100' and electric logs run. One drill Stem Test was run in the "J" Sand to evaluate shows. Results were negative, so well was plugged and abandoned as follows:

15 sack cement plug from 110' to 140'  
10 sack cement plug from surface to 30'

Hole was filled with heavy mud.

DVR	
FJP	
HHM	
JAM	
JWD	PC
RLS	
CGM	



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

SIGNED George L. Gear TITLE PRESIDENT DATE July 20th, 1982

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE AUG 4 1982

CONDITIONS OF APPROVAL, IF ANY:

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