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STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

107-06100

Date for Patented and Federal lands.
Date for State lands.

5. LEASE DESIGNATION & SERIAL NO. RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME APR 11 1983

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 GAS WELL OTHER

7. UNIT AGREEMENT NAME
COLD OIL & GAS CONS. COMM.
Tow Creek Unit

2. NAME OF OPERATOR
CZAR Resources Inc.

8. FARM OR LEASE NAME
CZAR Elkins

3. ADDRESS OF OPERATOR
333 North Belt, Suite 400, Houston, Texas 77060

9. WELL NO.
26-1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT
Wildcat

At surface 1961 FNL 2362' FEL Section 26-T6N-R86W
At proposed prod. zone 2607' FNL 1188' FWL Section 26-T6N-R86W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 26-T6N-R86W

14. PERMIT NO.
811968

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
FL 6847'

12. COUNTY
Routt
13. STATE
Colorado

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>Abandon Location</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.)

18. Date of work Not Applicable

* Must be accompanied by a cement verification report.

The location was abandoned prior to performing any operations and the well will not be drilled

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	



00202310

19. I hereby certify that the foregoing is true and correct
SIGNED Michael Dalton TITLE Vice President DATE 4/8/83

(This space for Federal or State office use)
APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE APR 12 1983
CONDITIONS OF APPROVAL, IF ANY:

107-02100

STATE OF COLORADO
DEPARTMENT OF NATURAL RESOURCES
BUREAU OF OIL AND GAS INVESTIGATION

DRILLING NOTICES AND REPORTS ON WELLS

CZAR Resources, Inc.
333 North Belt
Suite 400

Houston, TX
77040

The location was shown
well will not be drilled