

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



RECEIVED

JUL 29 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Timka Resources, Ltd. (formerly Timka Resources, Ltd.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1326 Webster Ft. Collins, CO 80524		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 C/SW SE Section 20, T2N, R54W		8. FARM OR LEASE NAME Mitchell 54050	
At proposed prod. zone		9. WELL NO. #2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Stony Point	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4536' KB 4526' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-T2N-R54W	
		12. COUNTY Washington	13. STATE CO

SCANNED

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

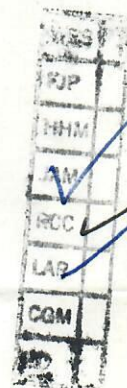
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 November 24, 1980

* Must be accompanied by a cement verification report.

Spotted 20 sacks cement across perforations
Spotted 25 sacks, 1/2 at bottom of surface, 1/2 in middle
Spotted 10 sacks at top of surface
Cut surface casing off 3' below ground level and welded cap on surface



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

SIGNED

TITLE

President

DATE

07/25/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

AUG 23 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.