Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

DATE _

| 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. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAM |
|--|---|
| (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.) | W. IF INDIAN, ALBOITES ON TRIBE NAME |
| LL GAS OTHER | 7. UNIT AGREEMENT NAME |
| ME OF OPERATOR | 8. FARM OR LEASE NAME |
| Terto OLL & Com Company | Lincourt Parkers L |
| DRESS OF OPERATOR | 9. WELL NO. |
| Managha Tomor Kide, 1860 Managha Stangth, Denver, Colo. | |
| CATION OF WELL (Report location clearly and in accordance with any State requirements. | 10. FIELD AND POOL, OR WILDCAT |
| surface | |
| 90' 1/North Line and 790' 1/North Lines See, 25-25N-Bi | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | Southern SS-858-Di |
| RMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| 65.0 cm | Sun Julia Rev Hate |
| Check Appropriate Box To Indicate Nature of Notice, Report, o | r Other Data |
| NOTICE OF INTENTION TO: | EQUENT REPORT OF: |
| | |
| EST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF | REPAIRING WELL |
| EST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF RACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT | REPAIRING WELL ALTERING CASING |
| | |
| RACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) | ALTERING CASING ABANDONMENT* |
| RACTURE TREAT MULTIPLE COMPLETE HOOT OR ACIDIZE ABANDON* EPAIR WELL CHANGE PLANS (Other) (Note: Report resi | altering Casing ABANDONMENT* Lits of multiple completion on Well Impletion Report and Log form.) The including estimated date of starting a |
| MULTIPLE COMPLETE HOOT OR ACIDIZE ABANDON* EPAIR WELL Other) SCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent day proposed work. If well is directionally drilled, give subsurface locations and measured and true ver | altering Casing ABANDONMENT* Lits of multiple completion on Well Impletion Report and Log form.) The including estimated date of starting a |
| RACTURE TREAT MULTIPLE COMPLETE BRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* CHANGE PLANS COmpletion or Reco SCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent da proposed work. If well is directionally drilled, give subsurface locations and measured and true vernent to this work.)* | altering Casing ABANDONMENT* Lits of multiple completion on Well Impletion Report and Log form.) The including estimated date of starting a |

TITLE

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

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

State office use)

(This space for rederar