

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-4387	
2. NAME OF OPERATOR Wintershall Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mtn. Ute	
3. ADDRESS OF OPERATOR 5251 DTC Parkway, Suite 500, Englewood, CO 80111		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 945' FNL & 1110' FWL (NWNW)		8. FARM OR LEASE NAME Ute Mtn. Ute	
14. PERMIT NO. API#: 300458715500		9. WELL NO. 34-11	
15. ELEVATIONS (Show whether OP, RT, GR, etc.) 5543' ungraded ground		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-31N-14W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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 type="checkbox"/>
(Other) <u>First Production</u>	<input checked="" 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.)*

This well has been completed as a producing gas well.

Production began 12/11/87.

File well test data when available

RECEIVED
Bureau of Land Management

DEC 23 1987

Durango, Colorado

RECEIVED
DEC 29 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Dan H. Havel

TITLE Operations Manager

DATE 12/14/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DURANGO OFFICE COPY
*See Instructions on Reverse Side

BY