

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		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.		9. WELL NO. 34-11
15. ELEVATIONS (Show whether DT, 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 N. 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)	Spud well		

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)	(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.)*

9/17/87 MIRU & spud 12-1/2" surface hole 9/16/87.
Ran 8-5/8" csg to 245'.
9/18-27 Drilling ahead.
9/28/87 TD hole @ 5830'. Ran logs: Dual induction, BHC Sonic, CNL Density.
9/29/87 Ran 5-1/2" csg. @ 5830'.
Released rig. WO completion rig.

ACCEPTED FOR RECORD

SEP 14 1987

RECEIVED
DEC 09 1987
OIL CON. DIV.
DIST. 3

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

SIGNED David H. Kelly

TITLE Operations Manager

DATE 9/14/87

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OPERATOR

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.