

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input 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 MT. UTE TRIBE	
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 1090' FSL & 790' FEL (SESE)		8. FARM OR LEASE NAME UTE	
14. PERMIT NO.		9. WELL NO. 34-44	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5,612' ungraded ground		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-31N-14W NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

15. 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>SI WOPL</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.)*

6/4/87-6/9/87 Flowed well to clean up. SI WOPL.
Will run 4 point test into pipeline.

RECEIVED

OCT 29 1987

OIL CON. DIV.
DIST. 3

RECEIVED
Bureau of Land Management

AUG 5 1987

Durango, Colorado

ACCEPTED FOR RECORD

AUG 07 1987

BY [Signature]

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

SIGNED Paul Hewell

TITLE Operations Manager

DATE 7/31/87

(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