

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"/>	7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR WINTERSHALL CORPORATION	8. FARM OR LEASE NAME UTE MTN. UTE
3. ADDRESS OF OPERATOR 5251 DTC Parkway, Suite 500, Englewood, CO 80111	9. WELL NO. #2744
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 995' FSL & 1055' FEL (SESE)	10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 27-T31N-R14W
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5557' ungraded ground	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) MI Completion Rig	<input checked="" 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) <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.)*

11/24/87 MI Completion rig.

12/4/87 Perforate Dakota formation, 5618'-5687' w/ 12 holes.

12/5/87 Fraced Dakota w/ 45,000# 20/40 mesh sand & 77,590 gals slick water.

12/9/87 Swabbing back load.

12/14/87 Swabbing & flowing back load.

12/15/87 Landed tubing & released completion rig. SI. WOPL.

RECEIVED
Bureau of Land Management

DEC 23 1987

Durango, Colorado

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

SIGNED Paul Howell

TITLE Operations Manager

DATE 12/16/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

~~OPERATOR'S COPY~~

Unused

*See Instructions on Reverse Side

DURANGO OFFICE COPY