



05-067-07063
LOC # 325841

OGCC FORM 4
Rev 8/89

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

5 FEDERAL INDIAN OR STATE LEASE NO

N/A

6 PERMIT NO

☐ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☒ OTHER Cathodic Protection Well

7 NAME OF OPERATOR

Williams Production Company

8 ADDRESS OF OPERATOR

One Williams Center

CITY STATE ZIP CODE

Tulsa Ok 74172

9 LOCATION OF WELL (Report location clearly and in accordance with any State requirements
See also space 17 below)

At surface M 7 33 7

At proposed prod zone

1 API NO

8 WELL NAME

Ignacio 33-07 # 024 DK

9 WELL NUMBER

10 FIELD OR WILDCAT

12 COUNTY

11 QTR QTR SEC T.R. AND MERIDIAN

M 7 33 7

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER _____

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☒ OTHER Cathodic Protection Well

Update

14 DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15 DATE OF WORK 03/23/89

SEE ATTACHED DATA SHEET

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

SIGNED

TELEPHONE NO. _____

NAME (PRINT) Terry Spradlin

TITLE Manager Environment, Health & Safety DATE (801) 584-6678

(This space for Federal or State office use)

APPROVED _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

DATA SHEET FOR DEEP GROUND BED CATHODIC PROTECTION WELLS IN
NORTHWEST NEW MEXICO

OPERATOR: Williams Production Company LOCATION: M 7 33 7 LEASE NUMBER: N/A

WELLNAME: SINGLE WELL -- IGNACIO 33-07 #024 DK
DUAL WELL -- N/A

ELEVATION: 6597' GR COMPLETION DATE: 03/23/89 TOTAL DEPTH: 500 ft. LAND TYPE: FEE

CASING: 7-5/8" 26.4# K-55 Set @ N/A ft. Casing is not cemented.

CEMENT PLUG--Top:N/A' Bottom: N/A' Used 0 sx. Class "B" (1.18 cu.ft./sk).

WATER DEPTH: 80 ' Water zone thickness not available. WATER DESCRIPTION: Fresh

DEPTH OF GAS: N/A ' -----

COKE: 7560 lbs. of Metallurgical coke breeze used.

NUMBER & TYPE OF ANODES: 10-D TOP ANODE @ 270 ft. BOTTOM ANODE @ 455 ft.

VENT PIPE: 1" PVC Set @ 500 ft. Vent pipe perforated from 270 ft. to 455 ft.

REMARKS: _____

