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05-067-07063
LOG # 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
1 <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER <u>Cathodic Protection Well</u>		6 PERMIT NO
2 NAME OF OPERATOR <u>Williams Production Company</u>		7 API NO
3 ADDRESS OF OPERATOR <u>One Williams Center</u>		8 WELL NAME <u>Ignacio 33-07 # 024 DK</u>
CITY STATE ZIP CODE <u>Tulsa Ok 74172</u>		9 WELL NUMBER
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface M 7 33 7		10 FIELD OR WILDCAT
At proposed prod zone		11 QTR QTR. SEC. T.R. AND MERIDIAN M 7 33 7
12 COUNTY		

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

13A NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" type="checkbox"/> OTHER <u>Cathodic Protection Well Update</u>
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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 Terry Spradlin TELEPHONE NO. _____

NAME (PRINT) Terry Spradlin TITLE Manager Environment, Health & Safety DATE (801) 584-6678

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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: _____

