

OIL AND GAS CONSERVATION COMMISSION RECEIVED  
OF THE STATE OF COLORADO

67 9

JAN - 5 1967



00271736

COLORADO OIL & GAS CONS.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL  DEEPEN  PLUG BACK

b. TYPE OF WELL

OIL WELL  GAS WELL  OTHER  SINGLE ZONE  MULTIPLE ZONE

2. NAME OF OPERATOR STUARCO OIL COMPANY, INC. - BEL OIL CORPORATION - OCCIDENTAL PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR 2117 First National Bank Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)  
At surface Q NW/4 NE/4 (660' FNL and 1980' FEL)  
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE  
2 mks NN of Wellington, Colo.

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. line, if any) 660'

16. NO. OF ACRES IN LEASE  
160

17. NO. OF ACRES ASSIGNED TO THIS WELL  
40

18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. -----

19. PROPOSED DEPTH  
5,000'

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5273' GR 5278' KB

22. APPROX. DATE WORK WILL START  
1-3-67

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#/ft.	299'	210 Sacks

We will drill This well Through the Lower Cretaceous sands to evaluate the Muddy sandstone. We will core The Muddy, if Commercial production is indicated, we will run 5 1/2" csg. To total depth, perforate and sand-frac as Necessary to Complete a producing well.

*Ground*  
*24539*  
*Secret*

DVR	
WBS	
HFM	
JAM	
FJP	
JJD	<i>Plotted 1/5/67</i>
FILE	

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE District Manager DATE 1-3-67

(This space for Federal or State office use)

PERMIT NO. 67 9 APPROVAL DATE \_\_\_\_\_

APPROVED BY [Signature] TITLE Director DATE JAN 5 1967

CONDITIONS OF APPROVAL, IF ANY:

See Instructions On Reverse Side

67-9 05 069 6001