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JAN 9 1973

## OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

THE STATE OF COLORADO



00259811

duplicate for Patented and Federal lands.  
triplicate for State lands.

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>      |  | 5. LEASE DESIGNATION AND SERIAL NO.              |  |
| 2. NAME OF OPERATOR   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME             |  |
| 3. ADDRESS OF OPERATOR  |  | 7. UNIT AGREEMENT NAME                           |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) |  | 8. FARM OR LEASE NAME                            |  |
| At surface  |  | 9. WELL NO.                                      |  |
| 1950' from N. line and 1920' from E. line of the Northeast Qt.  |  | 10. FIELD AND POOL, OR WILDCAT                   |  |
| At proposed prod. zone  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |  |
| Same as above   |  | 12. COUNTY                                       |  |
| 14. PERMIT NO.  |  | 13. STATE  |  |
| 70 399  |  | Weld Colorado                                    |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |  |  |  |
| 4941 GL   |  |  |  |

## 16. 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 checked="" type="checkbox"/>   |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input 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.)

Date of work December 13, 1972

#1 plug set at 178' up with 15 sacks of cement

#2 plug set at top of surface casing down with 10 sacks of cement.

|     |   |
|-----|---|
| DVR |   |
| FJP |   |
| WJM | ✓ |
| JAM | ✓ |
| JJD | ✓ |

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

SIGNED

*Bill Whitaker*

TITLE Bill Whitaker, AgentDATE December 28, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

308-235-4663