



99999999

075-06060

GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

RECEIVED

JUN 1 1971

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

COLO. OIL & GAS CONS. COMM.

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. COLO. OIL & GAS CONS. COMM.
2. NAME OF OPERATOR QUALITY SUPPLY COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 6320 JACQUELINE WICHITA, KANSAS 67208	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWELL DIVIDE UNIT #18 (FORMERLY PERKINS #2) At proposed prod. zone NW NW SEC, 3-T8N 53W LOGAN COUNTY, COLO. 1986 fsl 660 feet LOT 4W	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. WI-18
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT DIVIDE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-8N-53W
	12. COUNTY Logan
	13. STATE COLO

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.)

5-28-71

Date of work _____

SAND TO COVER PERFERATIONS 5 SKS. CEMENT ON BOTTOM MUD TO BOTTOM SURFACE PIPE
15 SKS. CEMENT IN SURFACE MUD TO TOP 10 SKS. CEMENT ON TOP

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input type="checkbox"/>

Ex Oil Prod. - W-I.



00816775

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

SIGNED Jack Miller TITLE OWNER DATE 5-28-71

(This space for Federal or State office use)

APPROVED BY Mr. Rogers TITLE DIRECTOR DATE JUN 4 1971
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: