



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

RECEIVED

JAN 31 1972

File in duplicate for Patented and Federal lands.
 File in 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. <div style="display: flex; justify-content: space-between;"> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> </div>		5. LEASE DESIGNATION AND SERIAL NO. Shell Lease	
2. NAME OF OPERATOR Investors Drilling Ventures, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 74 LeSueur, Minnesota 56058		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 Shell Divide Unit # 6 At proposed prod. zone NE NE Section 3-T8N-R53W, Divide Field, Logan County, Colorado		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. # 6 WI	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR		10. FIELD AND POOL, OR WILDCAT Divide Field	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3-T8N-R53W	
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.) May 8, 1971		12. COUNTY Logan	
18. I hereby certify that the foregoing is true and correct		13. STATE Colorado	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(Other)

(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.)

May 8, 1971

Date of work _____

1. Placed gravel above perforations
2. Placed 5 bags cement on top of gravel.
3. Filled remainder of hole with heavy mud laden fluid.
4. Placed 15 bags cement plug in and out of bottom of surface casing.
5. Placed 10 bags cement plug in top and over surface pipe.

DVR	
F/P	✓
HHM	✓
JAM	✓
JUD	✓

Ex WI

Gene T. Bomar
 705 Jefferson
 Kimball, Nebraska 69145

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

Investors Drilling Ventures, Inc.

SIGNED

TITLE Purchasing agent

DATE November 8, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

FEB 3 1972

CONDITIONS OF APPROVAL, IF ANY: