

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

COLO. OIL & GAS CONSERVATION COMMISSION

RECEIVED

JUN 27 1969



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  GAS WELL  OTHER Oil Well to Temporarily Abandoned

2. NAME OF OPERATOR  
Shell Oil Company (Rocky Mountain Division Production)

3. ADDRESS OF OPERATOR  
1700 Broadway, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 4620' FSL and 1980' FWL  
At proposed prod. zone

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4147 KB

5. LEASE DESIGNATION AND SERIAL NO.  
Patented

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Divide Unit

8. FARM OR LEASE NAME  
Unit (Formerly Tetsell #3)

9. WELL NO.  
6

10. FIELD AND POOL, OR WILDCAT  
Divide Field

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NE NW Section 3-T 8N-R 53W

12. COUNTY OR PARISH 13. STATE  
Logan Colorado

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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) Report of Temporary Abandonment			

(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.)

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓

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

SIGNED [Signature]

TITLE Division Exploitation Engr. DATE June 26, 1969

(This space for Federal or State office use)

APPROVED BY [Signature] CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR O & G CONS. COMM. DATE JUL 3 1969