

RECEIVED

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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

00300395

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

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

23740

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fehringner

9. WELL NO.

B*1

10. FIELD AND POOL, OR WILDCAT

Falcon

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

34-12N-52W

12. COUNTY

Logan

13. STATE

Colo.

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 ☐

2. NAME OF OPERATOR

J. + A. Mari Oil

3. ADDRESS OF OPERATOR

Rt #4 13935 Rd 37 Sterling Colo 80751

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

At proposed prod. zone

"D" Sand.

Sec 34 Twp. 12N Rge 52W.

NE SW

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4496

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

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.)

Date of work 6-6 thru 6-11

acidize and Scower Fraced "D" Sand.

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

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

SIGNED

Jacob A. Mari

TITLE

operator

DATE

6-12-80

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

JUN 27 1980

CONDITIONS OF APPROVAL, IF ANY:

b file