

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



00202566

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

RECEIVED

JAN 20 1977

5. LEASE DESIGNATION AND SERIAL NO.

State 71/525-s

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON OIL WELLS & GAS CONS. COMM.

(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 Dry Hole

RECEIVED

2. NAME OF OPERATOR
Stream, Inc.

FEB 8 1977

3. ADDRESS OF OPERATOR
C-111 Petroleum Center, San Antonio, Texas 78209

COLO. OIL & GAS CONS. COMM.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980' FSL and 660' FWL of Section 7
At proposed prod. zone

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilcox-State

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 7, T7N-R50W

14. PERMIT NO.
76 1267

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4471' GR

12. COUNTY
Logan

13. STATE
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) <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 checked="" 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 Plugged and Abandoned 12/24/76

15 sxs - 150' to 180'
10 sxs - 0' to 30'

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

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

SIGNED Richard R. Storm

TITLE President, Stream, Inc.

DATE 1/18/77

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE DIRECTOR
O & G CONS. COMM.

DATE FEB 18 1977

CONDITIONS OF APPROVAL, IF ANY:

