



00209454

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

OCT 11 1985

COLORADO OIL & GAS CONSERVATION COMMISSION

SUNDRY NOTICES AND REPORTS ON WELLS		3. LEASE DESIGNATION AND SERIAL NO.	
(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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Plugged and Abandoned		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ENERGY MINERALS CORPORATION		8. FARM OR LEASE NAME DORIS	
3. ADDRESS OF OPERATOR 1000 Security Life Building Denver, Colorado 80202		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NE (1980' FEL & 660' FNL) At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Drifter	
14. PERMIT NO. 85-1351		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 10-T7N-R59W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4911' GR 4922' KB		12. COUNTY Weld	
		13. STATE Colorado	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Date of work 10-3-85 to 10-9-85

1. P 25 sx. cement plug from 6650' to 6680'.
2. P 20 sx. cement plug from 330' to 310' ($\frac{1}{2}$ in & $\frac{1}{2}$ out btm. surface csg.)
3. P 10 sx. cement plug @ surface.
4. Cut off surface casing below plow depth.
5. Weld on plate.

WRS	
PIP	
MMH	
✓	
ED	
ED	

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

SIGNED <u>Cordeille Ferh</u>	TITLE <u>Production Secretary</u>	DATE <u>10-9-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>William Small</u>	TITLE <u>DIRECTOR</u>	DATE <u>OCT 18 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		

O & G Cons. Comm.