

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED
OCT 19 1967



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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. Patented | |
| 2. NAME OF OPERATOR Shell Oil Company (Rocky Mountain Division Production) | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 1700 Broadway, Denver, Colorado 80202 | | 7. UNIT AGREEMENT NAME Mt. Hope | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL and 330' FWL NW/4 Sec 30 At proposed prod. zone | | 8. FARM OR LEASE NAME C. F. Green "A" | |
| 14. PERMIT NO. | | 9. WELL NO. Unit No. 40 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4195 DF | | 10. FIELD AND POOL, OR WILDCAT Mt. Hope Field | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 NW/4 Section 30-T 9N-R 53W | |
| | | 12. COUNTY OR PARISH Logan | 13. STATE Colorado |

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 checked="" type="checkbox"/> Temporary Abandonment | <input checked="" 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 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.)

As per attached prognosis

| | |
|-----|-------------------------------------|
| DVR | <input type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HMM | <input type="checkbox"/> |
| JAM | <input type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED

R. L. Green

TITLE Division Exploitation Engr.

DATE October 17, 1967

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

Director

DATE

OCT 19 1967

CONDITIONS OF APPROVAL, IF ANY: