


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
OIL & GAS COM. COMM.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		 00238838	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
Shell Oil Company (Rocky Mountain Division Production)		Mt. Hope	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
1700 Broadway, Denver, Colorado 80202		C. F. Green "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)		9. WELL NO.	
At surface 330' FNL and 990' FWL Sec 30 SW/4		Unit No. 45	
At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT	
		Mt. Hope Field	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		NW 1/4 SW 1/4 Section 30-T 9N-R 53W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	
4176 DF		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	

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	✓
FJP	✓
HMM	
JAM	
JJD	✓

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

SIGNED R. L. Spennord

TITLE Division Exploitation Engr. DATE October 17, 1967

(This space for Federal or State office use)

APPROVED BY M. Rogers

TITLE Director

DATE OCT 19 1967

CONDITIONS OF APPROVAL, IF ANY: