



00247229

REV. 7-64

LAND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

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

RECEIVED

OCT 25 1974

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 Domestic Energy Company *not here anymore*

3. ADDRESS OF OPERATOR 601 Denver Club Bldg. Denver, Colorado 80202

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 790' FNL 705' FWL NW/4 Sec. 34

14. PERMIT NO. 68 454

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
3934 KB 3924 GL

5. LEASE DESIGNATION AND SERIAL NO. --

6. IF INDIAN, ALLOTTEE OR TRIBE NAME --

7. UNIT AGREEMENT NAME --

8. FARM OR LEASE NAME Cloverleaf - State

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Cloverleaf

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34 T8N R52W

12. COUNTY Logan

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 CASING CASING <input checked="" 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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 ASAP

8-5/8" casin g cemented at 515'
 5-1/2" casing cemented at 4483'
 PBTD 4445'; Perforations 4406'-11' with 27 holes - Plan to place gravel across perforations to 4400', place 5 sacks cement plug on top of gravel, pull casing, fill hole with heavy mud, place 10 sacks cement plugs at top and bottom of surface casing and weld steel cap on top of surface casing.

Donnelly Casing Pulling Co. will plug the well.

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	✓
OCH	✓
CCS	

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

SIGNED [Signature] TITLE Agent DATE 10/22/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 30 1974

CONDITIONS OF APPROVAL, IF ANY:

file