



00247229

REV. 7-64

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 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Domestic Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 601 Denver Club Bldg. Denver, Colorado 80202		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Cloverleaf - State
14. PERMIT NO. 68 454		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3934 KB 3924 GL		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL <del>CASING</del> CASING <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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 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 ASAP

8-5/8" casin g cemented at 515'  
5-1/2" casing cemented at 4483'  
PBTID 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	✓
HHM	✓
JAM	✓
JJD	✓
QCH	✓
QCH	

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

SIGNED

Agent

DATE 10/22/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE OCT 30 1974

CONDITIONS OF APPROVAL, IF ANY:

file