

OIL AND GAS CONSERVATION COMMISSION

RECEIVED

REV. 7-6

THE STATE OF COLORADO

MAY 28 1970



...cate for Patented and Federal lands.  
...cate for State lands.

COLO. OIL & GAS CONS. 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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

1. OIL WELL  GAS WELL  OTHER  Dry Hole

2. NAME OF OPERATOR Triangle J Oil Co. and Braden-Gear Drilling Co. Knight & Miller Oil Corp., South Texas Development Co.

3. ADDRESS OF OPERATOR 919 Midland Savings Bldg., Denver, Colorado 802020

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 660' FNL and 660' FWL NW/4 Sec. 20-8N-52W  
At proposed prod. zone Same as above *C N W N W*

14. PERMIT NO. 70 215

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3934' KB 3925 GL

12. COUNTY OR PARISH 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 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"/> <u>5-21-70</u>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)

5-21-70

15 sacks of cement at base of surface from 95' - 125'  
10 sacks of cement from top to 35'

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

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

SIGNED Jack W. Knight TITLE Agent DATE 5-26-70

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 2 1970  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: