

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED

SEP 28 1982



File in duplicate for Patented and Federal lands. COLO. OIL & GAS CONS.
File in triplicate for State lands.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. COMM.
2. NAME OF OPERATOR TXO Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1800 Lincoln Center Building, Denver, Colorado 80264		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 660' FNL & 1980' FEL At proposed prod. zone		8. FARM OR LEASE NAME Herboldsheimer ✓
14. PERMIT NO. 82785 ✓		9. WELL NO. #1 ✓
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4699		10. FIELD AND POOL, OR WILDCAT Stubble ✓
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-T12N-R54W
		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 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"/>
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 9/12/82

Plug 7-7/8" hole w/50 sxs 50-50 pozmix w/2% gel from 5700'-5520', 20 sx @ base of surface (288'), 10 sxs @ surface and 5 sx in rat & mouse holes.

CONF	
REP	
WRM	✓
JAM	✓
LJG	
RES	

RC

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

SIGNED Charles Johns TITLE Petroleum Engineer DATE 9/24/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 12 1982

CONDITIONS OF APPROVAL, IF ANY: