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OGCC FORM 4

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

REV. 7-64

File in duplicate for Patented and Federal lands.
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Lloyd B. Taylor		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 407 N. Allen Ave., Farmington, New Mexico 87401		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 NW1/4 SW1/4, Sec. 21, Twp. 33 N, Range 12 W At proposed prod. zone		8. FARM OR LEASE NAME Taylor, formerly Wallace
14. PERMIT NO.		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, Twp. 33 N., R 1
		12. COUNTY La Plata
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recombination 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 _____

Well shut-in; scheduled for deepening to Gallup in 1972.

2/9/90

MARK - THIS Well SI pre '72. Doug Rogers gave MR. TAYLOR A WAIVER ON BONDING REQUIREMENTS. PLEASE PUT ON YOUR LIST OF "TO INSPECT FOR ISK". WELL TRY & P&A THIS ONE USING FUND.

DVR	
FIP	✓
WMS	✓
SM	✓
JD	

JM

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

SIGNED [Signature] TITLE _____ DATE Mar. 2, 1972

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 17 1972
O.E.M.S. COMM.

CONDITIONS OF APPROVAL, IF ANY: