

OGC
REV



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GAS CONSERVATION COMMISSION THE STATE OF COLORADO

RECEIVED
OCT 11 1967

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

COLO. OIL & GAS

5. LEASE DESIGNATION AND SERIAL NO.
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Sun Oil Company		7. UNIT AGREEMENT NAME
PHONE 266-2181		8. FARM OR LEASE NAME State 2018
3. ADDRESS OF OPERATOR P.O. Box 1798, Denver, Colorado 80201		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' from North Line & 990' from West Line of Sec.34 At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT North Craig
14. PERMIT NO. 67120		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW NW Sec.34-8N-90W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6432 - KB		12. COUNTY OR PARISH Moffat
		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.)

5-6-67: Ran & cmtd 4-1/2" casing, CS-3100', FC-3068

5-23/6-1-67: M.I.R. and attempted to complete as a gas well through perms: 2802/05, 2811/16 and 2823/28'. Acidized well with 800 gals 15% mud acid. Fractured well with 2800# sand and 2000# glass beads. Completion attempts unsuccessful. Rlsd rig @ 5-31-67. Well standing.

9-30-67: Shot off 4 1/2" casing at 1480'. Spotted 20 sack cmt plugs 2550/2810', 1410/1482' and 260/325'. Spotted 10 sack cmt plug at surface. Cut off casing 2 feet below ground level and welded on plate. Location cleaned up, ready for inspection.

Handwritten: 8-4-67

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

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

SIGNED *L.L. Jester* TITLE Office Supervisor, Oper. DATE 10-9-67
 (This space for Federal or State office use) Dept.

APPROVED BY *L.L. Rogers* TITLE *Director* DATE OCT 16 1967
 CONDITIONS OF APPROVAL, IF ANY: