



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

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

RECEIVED
 SEP 13 1976

COLORADO OIL & GAS CONSERVATION COMMISSION

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 Robert Schulein		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR		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 1980 FSL; CNWE At proposed prod. zone 1980 FEL same		8. FARM OR LEASE NAME Chapel	
14. PERMIT NO. 74-173		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4486 GL		10. FIELD AND POOL, OR WILDCAT Wildcat FLINTLOCK	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-9N-56W	
		12. COUNTY Weld	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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) **Test "D"**

(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.)

10-12-76

Date of work _____

1. Acidize "J" perforations 5868-5874 w/1000 gal - swab test
2. Perforate "D" 5738-5742
 Set retrievable bridge Plug @5775
 Acidize w/750 gal -Swab & Test - Fracture treat w/30,000 gal (if zone tests productive)
 Test
3. Pump test "D" or "J" or seek approval to comingle.

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
COM	

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

SIGNED [Signature] TITLE _____ DATE **9-9-76**

(This space for Federal or State office use).

APPROVED BY [Signature] TITLE **DIRECTOR** DATE **SEP 14 1976**
 CONDITIONS OF APPROVAL, IF ANY: **O & G CONS. COMM.**

file