

RECEIVED

OGCC FORM 4

REV. 7-64



CONSERVATION COMMISSION

APR 18 1967

STATE OF COLORADO

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

COLO. OIL & GAS CONS.

COLEMAN DESIGNATION AND SERIAL NO.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

STUARCO OIL COMPANY, INC.

3. ADDRESS OF OPERATOR

2117 First National Bank Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface C NW/4 SE/4 (1980' FSL and 1980' FEL)

At proposed prod. zone

Same

14. PERMIT NO. Notice of Intent

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

to Drill approved 8/18/61

4483' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☒
☐
☒
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

☐
☐
☐

(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.)

We propose to plug and abandon the above well in the following manner:

Place sand plug to 5070'.

5 Sack cement plug.

Pull Casing.

Mud to 419'.

10 Sack cement plug at bottom of surface casing.

5 Sack cement plug at top of surface casing.

Weld steel plate on surface casing.

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

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

SIGNED

Engene Chelmer

TITLE

Production Superintendent

DATE

April 17, 1967

(This space for Federal or State office use)

APPROVED BY

Dr. Rogers

TITLE

Director

DATE

APR 19 1967

CONDITIONS OF APPROVAL, IF ANY: