

CONSERVATION COMMISSION STATE OF COLORADO



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

APR - 7 1966

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 type="checkbox"/> OTHER Dry hole		5. LEASE DESIGNATION AND SERIAL NO. OIL & GAS CONSERVATION COMMISSION	
2. NAME OF OPERATOR Union Texas Petroleum		6. IF INDIAN LAND, NAME OF COMMISSION	
3. ADDRESS OF OPERATOR Suite B-400, 1740 Broadway, Denver, Colorado		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 SW SW Section 19-T12N-R53W At proposed prod. zone		8. FARM OR LEASE NAME Herboldsheimer	
14. PERMIT NO. 66-96		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4661, KB 4668		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 19-T12N-R53W	
		12. COUNTY OR PARISH Logan	
		13. STATE Colorado	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)

Since drill stem test did not indicate commercial production could be obtained from this well, it is planned to plug it with 15 sx cement at bottom of surface casing, 10 sx in top.

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

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

SIGNED Tray C. Simpson

TITLE District Superintendent

DATE April 5, 1966

(This space for Federal or State office use)

APPROVED BY W. Rogers

TITLE Director

DATE APR 11 1966

CONDITIONS OF APPROVAL, IF ANY: