

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.

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SEP 11 1975

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SEP 21 1975

COLO. OIL & GAS CONS. COMM.

COLO. OIL & GAS CONS. COMM. Colorado 4309

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. Colorado 4309	
2. NAME OF OPERATOR Helmerich & Payne, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Post Office Box 558, Garden City, Kansas 67846		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 634' FNL & 2182' FWL Sec 19, T9N, R78W 6 P.M. At proposed prod. zone Same as above		8. FARM OR LEASE NAME McCallum-Federal	
14. PERMIT NO. 75572		9. WELL NO. No. 1-19	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 8319		10. FIELD AND POOL, OR WILDCAT McCallum	
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec 19, T9N, R78W	
		12. COUNTY Jackson	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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" type="checkbox"/> Running Surface Casing	

(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.)

Date of work 8-27-75 and 8-29-75

Spud 30" hole 8-27-75, set 40' of 18" conductor and cemented with 4 yards of Redimix.

Start drilling 13 1/2" hole at 9:00 A.M. 8-29-75, drilled to T.D. of 344'. Ran 331' 9-5/8" O.D. 36#/ft K-55 ST&C new casing. Cemented casing with 350 sacks Class G cement, circulated 150 sacks to surface.

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

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

SIGNED Tom Carroll TITLE District Production Supt. DATE 9-9-75

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE SEP 15 1975

CONDITIONS OF APPROVAL, IF ANY:

File