

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

JUN 2 1971

COLO. OIL & GAS 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 dry hole		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR The Anschutz Corporation, Inc. and Empire State Oil Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1110 Denver Club Building, Denver, Colorado 80202		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 ¹ / ₄ SE ¹ / ₄ 660' NSL 1980' WEL At proposed prod. zone		8. FARM OR LEASE NAME Woodhams
14. PERMIT NO. 71-335 ✓		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566 KB 3558 GL		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-12N-45W
		12. COUNTY Sedgwick ✓
		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)

Date of work _____

This well was drilled to a total depth of 3477' into the Skull Creek formation. IES and GR density logs were run to total depth. No shows of oil or gas were encountered, and a drill stem test of the D-sand recovered water. It is our intent to plug and abandon the well setting plugs as follows:

Depth	Cement
Surface	10 sx.
380' up	30 sx.

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



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

SIGNED Robert M. Wakefield TITLE Geologist DATE 6-1-70

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 3 1971

CONDITIONS OF APPROVAL, IF ANY: