

RECEIVED



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

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

Fee
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Sellon

9. WELL NO.

29-8

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T11S, R55W

12. COUNTY OR PARISH 13. STATE

Lincoln CO

1. OIL WELL GAS WELL OTHER Dry Hole

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
C, SE/4, NE/4
At proposed prod. zone

14. PERMIT NO.
84-124

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5302' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

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.)

Date of work Commenced 3/31/84 after verbal approval from Bill Smith to Ron Auflick, Sohio. Completed 6:00 a.m., 4/1/84.

Plugs set as follows:

- #1 - 7100-6985, with 35 sx. 50-50 poz
- #2 - 4050-3900, with 80 sx. 50-50 poz
- #3 - 3650-3570, with 25 sx. 50-50 poz
- #4 - 10 sx. at surface

Completion report will be filed as soon as all information has been received.

Cement verification is attached.

WRS	
FIP	
IND	<input checked="" type="checkbox"/>
IAN	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED W.H. Ward TITLE Dist. Manager DATE 4/9/84
W.H. Ward

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE MAY 1 1984
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

O + 1: Colorado Oil and Gas Commission
cc: J.H. Walters
R.T. Perkins
T. Rooney

Partners
File