

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



RECEIVED
OCT 19 1984

COLORADO OIL & GAS CONSERVATION COMM.

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

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 P & A		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Private Oil Industries, Inc. #72120		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1515 Cleveland P. Suite 412, Denver, Co. 80202		7. UNIT AGREEMENT NAME Hanlon	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL Sec. 22-3S-61W At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO. 71-541		9. WELL NO. 1-22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5083		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 22-3S-61W	
		12. COUNTY Adams	13. STATE Colo.

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <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.)

18. Date of work 10-02 & 10-03, 1984 * Must be accompanied by a cement verification report.

Perforations 6218-6239, spotted 25 sax cement across perfs. Shot and pulled 4 1/2" casing at 5000'. Spotted 25 sax cement at bottom of surface casing @ 450' and 10 sax at top of surface casing.

Verbal approval from Jim McKey to Don Meng on 10-02-84.

Called Don Meng cement was run off of workover rig which pulled casing. This statement will serve as cement verification. Bill

ENG	
REP	
SEC	
INT	
COM	
STP	

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

SIGNED [Signature] TITLE Vice President DATE 10/12/84

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: