

OIL AND GAS CONSERVATION COMMISSION



DEPARTMENT OF NATURAL RESOURCES
STATE OF COLORADO

Permit for Patented and Federal lands.
Permit for State lands.

RECEIVED

SEP 20 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Toltek Drlg., Desana, Wes-Tex		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 340 Denver Club Bldg., Denver, Colorado 80202		7. UNIT AGREEMENT NAME UPRR-Caldwell
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NW Section 15; T 3 S; R 61 W At proposed prod. zone		8. FARM OR LEASE NAME
14. PERMIT NO. 71-654		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5066' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Same as 4.
		12. COUNTY Adams
		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 checked="" 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) _____	

(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 8/30/71 - 9/8/71

Plugged with: 600 - 360 60 sx
185 - 140 15 sx
30 - 0 10 sx

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<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 R. D. Gasch TITLE Executive Vice President DATE 9/10/71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G CONS. COMM. DATE SEP 22 1971

CONDITIONS OF APPROVAL, IF ANY:

