



00401768

OIL AND GAS CONSERVATION COMMISSION
STATE OF COLORADO

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

RECEIVED

APR 17 1970

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 Dry hole		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Union Texas Petroleum, A Division of Allied Chemical Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1010, 1860 Lincoln Street, Denver, Colorado 80203		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 SE SE Section 26-T3S-R61W (660' FSL, 660' FEL) At proposed prod. zone		8. FARM OR LEASE NAME Hanlon	
14. PERMIT NO. 70 70		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5116 GL, 5122 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26-T3S-R61W	
		12. COUNTY OR PARISH 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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 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.)

Since there were no indications of commercial production, it is our intention to plug and abandon subject well as follows:

15 sx cement in bottom of 8-5/8" surface pipe set at 222' KB
10 sx cement in top of same.

TOR	
FIP	
HHM	
JAM	✓
JJD	✓

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

SIGNED W. L. Tyson

TITLE District Production Manager DATE April 16, 1970

(This space for Federal or State office use)

APPROVED BY W. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G CONS. COMM.

DATE APR 20 1970

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