

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES
STATE OF COLORADO

RECEIVED

OCT 27 1971



00230259

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

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 <input type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Edward Mike Davis d/b/a Tiger Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1810 First National Bank Building, Denver, Colorado		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 SE SW Section 11-3S-59W At proposed prod. zone		8. FARM OR LEASE NAME UPRR Flader
14. PERMIT NO. 71-755		9. WELL NO. #1-11
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5106' Gr. 5115' KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11-T3S-R59W
		12. COUNTY Adams
		13. STATE Colorado

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

NOTICE OF INTENTION TO:

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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 checked="" 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.)

Date of work **10/9/71 Drilled to TD 6305'**

Plugged as follows:

15 sacks base of surface casing
10 sacks top of surface casing

Plugging directions received from Mr. James McKee of the Colorado Oil & Gas Commission

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"/>

Geological Report attached

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

SIGNED *E. Rogers*

TITLE _____

DATE **10/26/71**

(This space for Federal or State office use)

APPROVED BY *E. Rogers*

TITLE _____

DIRECTOR

O & G COM. COMM.

DATE **NOV 3 1971**

CONDITIONS OF APPROVAL, IF ANY: