

RECEIVED

JUN 15 1984

OGCC FORM 4
Rev. 1/78

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
OF NATURAL RESOURCES



or Patented and Federal lands.
... duplicate 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR NATIONAL COOPERATIVE REFINERY ASSOCIATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 300 Country Club Road, Suite 201, Casper, Wyoming 82609		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 1980' FEL, 660' FSL SW/SE Sec. 22 At proposed prod. zone		8. FARM OR LEASE NAME Maddern	
14. PERMIT NO. 84674		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4937' GR : 4947' KB		10. FIELD AND POOL, OR WILDCAT N. Roman Nose	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T3S, R58W	
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.)		12. COUNTY Adams	
18. Date of work _____		13. STATE Colorado	

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 checked="" 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 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.)

* Must be accompanied by a cement verification report.

Exeter Rig 13 spudded 9:00 pm, 6-11-84. Drilled 12 1/4" hole to 304'. Ran 7 joints new 8 5/8" 24# casing to 304'. Cemented with 250 sacks. Cement circulated okay. Plug down 12:30 am, 6-12-84. WOC 12 hours. BOP's tested okay at 500 psi for 15 minutes. Now drilling ahead.

WRS
FJP
NHM
JAM
RCC
LAR
OGM
ED

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

SIGNED W.O. Sparks TITLE District Superintendent DATE 6-13-84

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE JUL 11 1984

CONDITIONS OF APPROVAL, IF ANY: