

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <b>Dry Hole</b>		15. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <b>Edward Mike Davis d/b/a Tiger Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>1920 Colorado State Bank Bldg. Denver, Colorado</b>		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 <b>SE SW Sec. 33, T3S-R59W</b> At proposed prod. zone		8. FARM OR LEASE NAME <b>UPRR Lewton</b>	
14. PERMIT NO. <b>71-780</b>		9. WELL NO. <b>1-33</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5030' GL 5039' KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Poncho</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 33 T3S-R59W</b>	
		12. COUNTY <b>Adams</b>	13. STATE <b>County</b>

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) _____	
(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 Completed 19/9/74

To properly plug the above well. Cement from surface to 450' with 150 Sx. Reg. cement. Cut off surface pipe & weld on metal cap. Plugging witnessed by Jim McKee of Colorado Oil and Gas Conservation Commission.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	
GCH	
CGM	

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

SIGNED

TITLE **Engineer**

DATE **19/12/74**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

**SEP 16 1974**

CONDITIONS OF APPROVAL, IF ANY:

**DIRECTOR**  
 O O O COMM. CHIEF

X