



CONSERVATION COMMISSION
NT OF NATURAL RESOURCES
STATE OF COLORADO

RECEIVED
OCT 13 1971

COLO. OIL & GAS CONS. COMM.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR DRLG. PETRO-LEWIS CORP.-POLUMBUS CORP.-DON WINSLOW-SNYDER		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 416 C. A. JOHNSON BLDG., DENVER, COLORADO 80202		8. FARM OR LEASE NAME WRIGHT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FNL, 660' FEL At proposed prod. zone SAME		9. WELL NO. #1
14. PERMIT NO. 71-818		10. FIELD AND POOL, OR WILDCAT WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,736' G.L.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-3S-56W
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY WASHINGTON
		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 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 9-26-71

FILLED HOLE WITH HEAVY MUD. PLUGGED WITH 20 SACKS OF CEMENT AT BASE OF SURFACE, 10 SACKS AT TOP.

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"/>

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

SIGNED [Signature] TITLE OWNER DATE 10-11-71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 15 1971

CONDITIONS OF APPROVAL, IF ANY: