

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



00219525

RECEIVED

FEB 19 1976

FILE DESIGNATION AND SERIAL NO.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>dry hole</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <u>Colton and Colton</u>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <u>c/o 1507 Denver Club Bldg., Denver, Colorado 80202</u>		8. FARM OR LEASE NAME <u>Kodak</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL and 660' FEL of Section 34</u>		9. WELL NO. <u>#2</u>
At proposed prod. zone <u>Same</u>		10. FIELD AND POOL, OR WILDCAT <u>W. C.</u>
14. PERMIT NO. <u>75-1148</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4757' GR</u>	11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA <u>C-SE 1/4 Sec. 34-T6N-R67W</u>
		12. COUNTY <u>Weld</u>
		13. STATE <u>Colorado</u>

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) _____	

(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 11/18/75 1/18/76

Plugged per attached statement from Dean B. Wilson, Toolpusher, Jim Snyder Drilling Co., Rig #4.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	<input checked="" type="checkbox"/>
CGM	<input type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED Ivan Koolenchiek TITLE JIM SNYDER DRILLING COMPANY Contractor DATE 2/17/76

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE DIRECTOR O & G CONS. COMM. DATE FEB 23 1976

CONDITIONS OF APPROVAL, IF ANY:

X