

RECEIVED

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

JAN 31 1968

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duplicate for Patented and Federal lands.
triplicate for State lands.

COLO. OIL & GAS CONSERV. COMM. Patented

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 type="checkbox"/> Temporarily Abandoned		5. LEASE DESIGNATION AND SERIAL NO. Patented
2. NAME OF OPERATOR Shell Oil Company (Rocky Mountain Division Production)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1700 Broadway, Denver, Colorado 80202		7. UNIT AGREEMENT NAME Mt. Hope
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL and 330' FEL SW/4 Sec 19 At proposed prod. zone		8. FARM OR LEASE NAME C. F. Green "B"
14. PERMIT NO.		9. WELL NO. Unit No. 21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4198 DF		10. FIELD AND POOL, OR WILDCAT Mt. Hope
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4 SW/4 Section 19- T 9N-R 53W
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 OR PARISH Logan
		13. STATE Colorado

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 type="checkbox"/>
(Other) Temporary Abandonment	<input checked="" type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Date of work 12-29 - 12-30-67

As per attached report

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JOB	<input checked="" type="checkbox"/>

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

SIGNED

TITLE Division Exploitation Engr. DATE January 29, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE FEB 5 1968

CONDITIONS OF APPROVAL, IF ANY:

file