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OCT 19 1967

OGCC FORM 1

REV.



00270026

GAS CONSERVATION COMMISSION
THE STATE OF COLORADO

COLO. OIL & GAS CONS. COMM.

Application 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"/>		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 994' FSL and 330' FWL SE/4 Sec 19 At proposed prod. zone		8. FARM OR LEASE NAME C. F. Green "B"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4183 DF	9. WELL NO. Unit #15
		10. FIELD AND POOL, OR WILDCAT Mt. Hope Field
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 SE/4 Section 19-T 9N-R 53W
		12. COUNTY OR PARISH 13. STATE Logan Colorado

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 type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) <input checked="" type="checkbox"/> Temporary Abandonment		(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.)

As per attached prognosis

DVR	<input checked="" type="checkbox"/>
FIP	<input checked="" type="checkbox"/>
HIM	<input type="checkbox"/>
JAM	<input type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED R. L. Spottswood TITLE Division Exploitation Engr. DATE October 17, 1967

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE OCT 19 1967
CONDITIONS OF APPROVAL, IF ANY: