

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

RECEIVED

APR 15 1983



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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"/> Plug back well		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Colorado Interstate Gas Co. (303) 473-2300		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1087, Colorado Springs, CO 80944		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 C - SE - SE At proposed prod. zone none		8. FARM OR LEASE NAME Flank	
14. PERMIT NO. none		9. WELL NO. 24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863' G. L.		10. FIELD AND POOL, OR WILDCAT Flank	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36-33S-43W	
		12. COUNTY Baca	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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) Squeeze off Topeka	

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) _____ (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.)

18. Date of work 8-01-83 est.

* Must be accompanied by a cement verification report.

Plan to squeeze present Topeka completion with 50 sacks cement. CIG will maintain the well in this plugged back condition in case it ever becomes necessary to reenter the well.

See attached letter on back

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	

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

SIGNED Ray W. Peterson TITLE Manager - Geology DATE 4-12-83

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm. DATE APR 21 1983