



STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

MAY 31 1983

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 type="checkbox"/>		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	
		9. WELL NO. 24	
		10. FIELD AND POOL, OR WILDCAT Flank	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36-33S-43W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863' GL	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 checked="" 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) <input type="checkbox"/>	

(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.)

* Must be accompanied by a cement verification report.

18. Date of work _____

We no longer plan to acquire this well and squeeze the present Topeka completion.

Jim
SL
6-1-83
Jim

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

SIGNED Greg W. Peterson TITLE Manager - Geology DATE 5-26-83

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR
O & G Cons. Comm. DATE JUN 2 1983
CONDITIONS OF APPROVAL, IF ANY: