



RECEIVED

MAY 31 1983

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

COLO. OIL & GAS CONS. COMM.

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	
14. PERMIT NO.		9. WELL NO. 24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863' GL		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:		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 type="checkbox"/>	CHANGE PLANS: <input checked="" type="checkbox"/>	(Other) _____	
(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 _____ * Must be accompanied by a cement verification report.

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

*Jim
JR
6-1-83
Jm*

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

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

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE DIRECTOR DATE JUN 2 1983

CONDITIONS OF APPROVAL, IF ANY: