



01133329

AS CONSERVATION COMMISSION
THE STATE OF COLORADO

RECEIVED

NOV 15 1972

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Horizon Oil & Gas Co. of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 7, Spearman, Texas 79081		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 1980' f/North & 1980' f/East line= Sec 16-33S-43W At proposed prod. zone 3160 to 3170		8. FARM OR LEASE NAME State "E"	
14. PERMIT NO.		9. WELL NO. #1-16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3961 K.B.		10. FIELD AND POOL, OR WILDCAT Flank Northwest Walsh	
		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec 16, 33S-43W	
		12. COUNTY OR PARISH Baca	
		13. STATE Colorado	

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 checked="" 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) <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.)

Date of work: To begin wupon approval.

2-7/8" Casing Landed @3276
Set 30 sx cement Plug 3160 to 1476
Set 10 sx cement Plug 600' to surface
Weld on Cap

Note: 2-7/8" Long string will be cut off 36" below G.L.

DVR	
FJP	
HMM	✓
JAM	✓
JJD	✓

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

SIGNED

TITLE Production Manager

DATE 11-13-72

(This space for Federal or State office use)

DIRECTOR

O & S CONS. COMM.

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 17 1972