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AS CONSERVATION COMMISSION
THE STATE OF COLORADO

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

01133329
LEASE DESIGNATION AND SERIAL NO.

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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Horizon Oil & Gas Co. of Texas		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 7, Spearman, Texas 79081		8. FARM OR LEASE NAME State "E"
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		9. WELL NO. #1-16
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Flank Northwest Walsh
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3961 K.B.		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:		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

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	✓
HHM	✓
JAM	✓
JJD	✓

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

SIGNED Geoff R. Way TITLE Production Manager DATE 11-13-72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 17 1972

CONDITIONS OF APPROVAL, IF ANY: