

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED

FEB 16 1967



COLO. OIL & GAS CON. 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 checked="" type="checkbox"/> <b>Drilling (Temporarily Shut-down)</b>                |  | 5. LEASE DESIGNATION AND SERIAL NO.  |
| 2. NAME OF OPERATOR<br><b>Jack L. Story</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 1073, Dallas, Texas 75221</b>  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>At proposed prod. zone</b> |  | 8. FARM OR LEASE NAME<br><b>Joe E. Veltri, Sr.</b>   |
| 14. PERMIT NO.<br><b>65 386</b>   |  | 9. WELL NO.<br><b>1</b>  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |  | 10. FIELD AND POOL, OR WILDCAT   |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>NE 1/4, Section #17, T 33 S, R 60 W</b> |
|   |  | 12. COUNTY OR PARISH<br><b>Las Animas</b>  |
|   |  | 13. STATE<br><b>Colorado</b>   |

| 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 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.) |   |  |  |

TEMPORARILY SHUT-DOWN

|     |                                     |
|-----|-------------------------------------|
| DVR |                                     |
| FJP | <input checked="" type="checkbox"/> |
| HHM |                                     |
| JAM |                                     |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED

TITLE

Owner

DATE 2/15/67

(This space for Federal or State office use)

APPROVED BY

TITLE

Director

DATE FEB 17 1967

CONDITIONS OF APPROVAL, IF ANY: