

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.)

Form fields 1-15: 1. OIL WELL [] GAS WELL [] OTHER [] Drilling (Temporarily Shut-down); 2. NAME OF OPERATOR Jack L. Story; 3. ADDRESS OF OPERATOR P. O. Box 1073, Dallas, Texas 75221; 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone; 14. PERMIT NO. 65 386; 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Form fields 5-13: 5. LEASE DESIGNATION AND SERIAL NO.; 6. IF INDIAN, ALLOTTEE OR TRIBE NAME; 7. UNIT AGREEMENT NAME; 8. FARM OR LEASE NAME Joe E. Veltri, Sr.; 9. WELL NO. 1; 10. FIELD AND POOL, OR WILDCAT; 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4, Section #17, T 33'S, R60W; 12. COUNTY OR PARISH Las Animas; 13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [], FRACTURE TREAT [], SHOOT OR ACIDIZE [], REPAIR WELL [], (Other) []; PULL OR ALTER CASING [], MULTIPLE COMPLETE [], ABANDON [], CHANGE PLANS []; SUBSEQUENT REPORT OF: WATER SHUT-OFF [], FRACTURE TREATMENT [], SHOOTING OR ACIDIZING [], (Other) []; REPAIRING WELL [], ALTERING CASING [], ABANDONMENT []. (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

Table with 2 columns and 5 rows: DVR, FJP, HHM, JAM, JJD. FJP and JJD have checkmarks.

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

SIGNED [Signature] TITLE Owner DATE 2/15/67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE FEB 17 1967

CONDITIONS OF APPROVAL, IF ANY: