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APR 13 1979

OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

REV. 7-64

STATE OF COLORADO

COLO. OIL & GAS CONS. COM. 11



category for Patented and Federal lands. category 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 | | 5. LEASE DESIGNATION AND SERIAL NO. Fee |
| 2. NAME OF OPERATOR Wexpro Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - |
| 3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901 | | 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 At proposed prod. zone SW SW 660' FSL 660' FWL | | 8. FARM OR LEASE NAME Williams |
| 14. PERMIT NO. 78-1233 | | 9. WELL NO. 1-36 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4300' | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36-33S-46W, 6th PM |
| | | 12. COUNTY 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 type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) _____ | |
| (Other) Intent to spud | <input checked="" 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 _____

Intend to spud subject well on April 12, 1979.

| |
|-------|
| DVR |
| FJP |
| HMM ✓ |
| JAM ✓ |
| JJD ✓ |
| RLS |
| SWA |

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Drilling Supt. DATE April 11, 1979

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR DATE APR 19 1979
CONDITIONS OF APPROVAL, IF ANY: