

RECEIVED

APR 23 1979

OGCC F

OIL AND GAS CONSERVATION COMMISSION

MENT OF NATURAL RESOURCES

IE STATE OF COLORADO

COLO. OIL & GAS CONS. COMM.

REV. 7



00660057

icate 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		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) <u>Supplementary History</u> <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 _____

Depth 3145', spudded March 13, 1979 at 8:00 a.m., ran and cemented 8-5/8" casing (details at a later date when available), now drilling.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HFK	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
BLS	<input type="checkbox"/>
GBM	<input type="checkbox"/>

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

SIGNED A. J. Maser TITLE Asst. Drilling Supt. DATE April 20, 1979

(This space for Federal or State office use)

APPROVED BY M. Rogers TITLE DIRECTOR DATE APR 23 1979
CONDITIONS OF APPROVAL, IF ANY:

file