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ED STATES OF THE INTERIOR
GICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Colo. 0120857

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc. Domestic Producing Department - West

3. ADDRESS OF OPERATOR

P. O. Box 157, Craig, Colorado 81626

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

760' FEL and 620' PNL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Govt. Irving Wolf "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South Rangely Prospect

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27-T1N-R102W-6th

14. PERMIT NO.

6546

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5724.3 Graded Gr. - 5734' KB

12. COUNTY OR PARISH

Rio Blanco

13. STATE

Colo.

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*

Running Surface Casing

(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.)*

On 3-12-65 ran 1568' of 10-3/4" OD 40.5# H-40 and J-55 casing, set at 1582' and cemented with 750 sx regular cement with 2% CaCl₂ with good returns to surface. WOC 12 hrs. Pressure tested with 1200 psi, held pressure O.K.

DVR	
BWS	
HIM	
BAM	
FIP	
JJD	<input checked="" type="checkbox"/>
FILE	

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

SIGNED

SIGNED: H. E. MC MINN

TITLE

District Superintendent

DATE

3-16-65

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

Director

DATE

MAR 19 1965

CONDITIONS OF APPROVAL, IF ANY:

COLO. OIL & GAS COMM.



00065660

*See Instructions on Reverse Side