

RECEIVED



00063801

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

JUN - 6 1969

COLO. OIL & GAS CON. COMM.

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

3. LEASE DESIGNATION AND SERIAL NO.

C 04283 B

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Frank Mead		8. FARM OR LEASE NAME Arrowhead	
3. ADDRESS OF OPERATOR P. O. Box 592 - Rangely, Colo. 81648		9. WELL NO. 15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1389' from S line and 2520' from W line of At proposed prod. zone Sec. 12.		10. FIELD AND POOL, OR WILDCAT Rangely - Mancos	
14. PERMIT NO. 67 502		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		11. SEC., T., R., M., OR BLK. AND SUBJECT OR AREA NE 1/4 SW 1/4 of Sec. 12, T-1N, R-102W, 6th PM	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

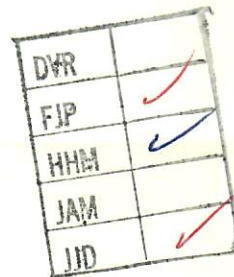
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Date of work

6/25/68

Dry and abandoned. T.D. 4435. Filled hole with loose shale, cleaned ground and erected marker. No casing left in the hole.



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

SIGNED

Frank Mead

TITLE

Operator

DATE

6-3-69

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

JUN 9 1969

CONDITIONS OF APPROVAL, IF ANY:

Duplicate