



00043945

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

FEB 20 1975

## 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 checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. Denver 032682 A	
2. NAME OF OPERATOR Three States Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 218 10465 Melody Bldg Denver, Colorado 80234		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 South West Quarter(SW $\frac{1}{4}$ )North East Quarter(NE $\frac{1}{4}$ ) At proposed prod. zone 2100' south of north line and 1950' west of east line.		8. FARM OR LEASE NAME	
14. PERMIT NO. 68-360		9. WELL NO. 51-x Federal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5303 GR		10. FIELD AND POOL, OR WILDCAT Rangely Weber	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11 TIN R 102w	
		12. COUNTY Rio Blanco	
		13. STATE Colorado	

## 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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 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 upon approval

25 SK @ TD  
35 SK @ 7" casing stub  
35 SK @ 330'  
5 SK @ surface with marker  
Shale-water slurry between plugs

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
GCH	
CGM	✓

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

SIGNED

*Gene L. Bauer*

TITLE

*Manager*

DATE

*2/18/75*

(This space for Federal or State office use)

APPROVED BY

*D. V. Rogers*

TITLE

DIRECTOR

DATE

FEB 25 1975

CONDITIONS OF APPROVAL, IF ANY: