



00062381

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

DEC 17 1982

OIL &amp; GAS CON. COMM.

File in duplicate 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		5. LEASE DESIGNATION & SERIAL NO. Fee	
2. NAME OF OPERATOR William G. Bush		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 619 Viewpoint Drive Grand Junction, Colorado 81501		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 330'/North Line & 929'/East Line Sec. 14 At proposed prod. zone		8. FARM OR LEASE NAME Dodo Lease	
14. PERMIT NO. 821773		9. WELL NO. Dodo 14-1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6394 GR.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14 - T 1 N R94	
		12. COUNTY Rio Blanco	13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

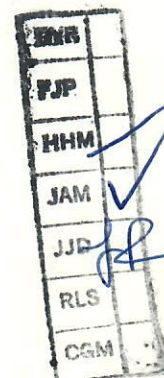
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON Temp. <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

18. Date of work Reached TD - Dec. 6, 1982 \* Must be accompanied by a cement verification report.

The well was drilled (air) to 2640' with no shows. I have capped the intermediate string and make further geologic studies on the well. Please send me plugging data. There isn't any fluid in the hole. Surface casing - 7 5/8" to 125 feet. Intermediate - 5 1/2" to 860' and cemented. Drilled dry from 860' to 2640' - No fractures were found.



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

SIGNED William G. Bush TITLE Operator DATE Dec. 14, 1982

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE JAN 11 1983

CONDITIONS OF APPROVAL, IF ANY:

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