



00202462

CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED

APR 27 1976

COLORADO OIL & GAS CONS. 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR ALTEX OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 624 Patterson Bldg., Denver, Colorado 80202		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 1138' S/NL, 676 W/EL At proposed prod. zone Same		8. FARM OR LEASE NAME JONES
14. PERMIT NO. 05 107 6002 67-301		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6774' KB 6786'		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T. 6N, R. 87W
		12. COUNTY Routt
		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) <input type="checkbox"/>	
(Other) Status Report <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 _____

We have moved in a completion rig. We are now waiting on weather conditions in order to start work.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HNM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	<input checked="" type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED *Paul Bessell* TITLE Engineer DATE 4-23-76

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE DIRECTOR DATE APR 28 1976
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

X