



STATE CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED
FEB 18 1977

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR ALTEX OIL CORPORATION</p> <p>3. ADDRESS OF OPERATOR 817-17th Street, Suite 640, Denver, Colo. 80202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone 1138' S/NL, 676 W/EL Same</p> <p>14. PERMIT NO. 05 107 6002 67-301</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME JONES</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 T6N R87W</p> <p>12. COUNTY Routt</p> <p>13. STATE Colo.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6774' KB 6786'</p>	

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) <u>Status Report</u> <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 knocked out bridges from 2103 to 3500 with cable tool. At that point we lost the sand pump. We are currently waiting on cable to repair the cable.

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

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

SIGNED David Starnes TITLE Manager of Operations DATE 2-17-77

(This space for Federal or State office use)

APPROVED BY Al Rogers TITLE DIRECTOR DATE MAR 3 1977
D & C COMS. COMM.

CONDITIONS OF APPROVAL, IF ANY: