

OIL



00202459

ON COMMISSION
RESOURCES
COLORADO

RECEIVED

DEC 28 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.)

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 817-17th Street, Suite 640, Denver, Colo. 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 At proposed prod. zone 1138' S/NL, 676 W/EL Same		8. FARM OR LEASE NAME JONES
14. PERMIT NO. 05 107 6002		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 T6N R87W
		12. COUNTY Routt
		13. STATE Colo.

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) 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 and 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 _____

- ① RAN 4 1/2" 11.6# AND 10.5# CASING TO 3743'
- ② INFLATED LYONS EXTERNAL PACKER W/1350psi
- ③ RAN 2 3/8" TUBING TO 3719'
- ④ SWAB WELL FOR 3 DAYS
- ⑤ RAN RODS AND PUMP AND START PUMPING WELL
- ⑥ NO RECOVERY
- ⑦ PLANNING TO RE-ENTRY WELL AFTER WE
GET SOME MONEY

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

SIGNED Samuel Starnes TITLE Manager of Operations

DATE 2-17-77

(This space for Federal or State office use)

APPROVED BY W. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

JAN 3 1978