

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

RECEIVED

JUN 19 1967



00066982

COLO. OIL &amp; GAS CONSERV. COM.

## 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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Atkinson	
2. NAME OF OPERATOR Conroy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 388, Sterling, Colorado		7. UNIT AGREEMENT NAME Zorichak Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330'N of SL & 330'E of WL of SW/4 Section 10 T2N-R55W		8. FARM OR LEASE NAME Atkinson	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4474 G.L. & 4486 K.B.		10. FIELD AND POOL, OR WILDCAT Zorichak Field	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10 T2N-R55W	
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.)		12. COUNTY OR PARISH Morgan	
		13. STATE Colorado	

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

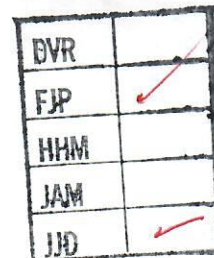
## SUBSEQUENT REPORT OF:

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.)

Subject well was a shut in gas well in the SWSWSW of Section 10 T2N-R55W Zorichak Unit. Recent well test has shown the gas to be depleted and the well watered out. We propose to set a rock and cement bridge over the casing perforations, 4964 $\frac{1}{2}$ -66 $\frac{1}{2}$ , fill the casing with mud, shoot loose, set rock and cement plug below and in the 8 5/8" casing, fill with mud and set cement plug in top of surface casing. 5 $\frac{1}{2}$ ", 15.5# production casing is set @5025' w/150 sacks regular cement.



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

SIGNED

TITLE Production Superintendent DATE June 16, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 26 1967