

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

MAY 22 1972

## SUNDRY NOTICES AND REPORTS ON WELLS & GAS CONS. COM.

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR A. T. Skaer		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 620 Patterson Building, 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 #1-A - SE NW; #2-A - NE NW At proposed prod. zone		8. FARM OR LEASE NAME Federal "A"	
14. PERMIT NO.		9. WELL NO. #1 & #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Allen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T2N, R56W	
		12. COUNTY OR PARISH Morgan	13. STATE Colorado

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

#### 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 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 checked="" type="checkbox"/> Change of Operator	<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 May 1, 1972



DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JID	<input checked="" type="checkbox"/>

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

SIGNED A. T. Skaer TITLE Operator DATE 5-19-72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 26 1972

CONDITIONS OF APPROVAL, IF ANY:

O & G COM. COM.

at Skaer, New oper. 5/1972