

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED



00520946

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

JUN 23 1986

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.)

COLORADO OIL & GAS CONSERVATION COMMISSION

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P&A		5. LEASE DESIGNATION & SERIAL NO. Fee
2. NAME OF OPERATOR TXO Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 1800 Lincoln Center Bldg., Denver, Colorado 80264		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 NE SW NE Sec. 18, T16S-R41W At proposed prod. zone 1650' FNL, 1650' FEL		8. FARM OR LEASE NAME Talbert
14. PERMIT NO. 86-333		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 3915 KB: 3925		10. FIELD AND POOL, OR WILDCAT Stockholm
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T16S-R41W
		12. COUNTY Cheyenne
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) P & A	
(Other)		(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.)

18. Date of work 6/1/86 P&A * Must be accompanied by a cement verification report.

35 sx cmt plug @ 5150'
25 sx cmt plug @ 368'
40 sx cmt plug @ surface
5 sx cmt plug in MH.

Handwritten initials/signature

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

SIGNED Frank D. Tsuru TITLE Drlg. & Prod. Engr. DATE 6/13/86
(This space for Federal or State office use)
 APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JUL 2 1 1986
 CONDITIONS OF APPROVAL, IF ANY:

Handwritten mark