

RECEIVED

DEC 5 1974

OGCC FORM 4

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



00264916

SIGNATURE AND SERIAL NO.

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

Colo. 71/554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> OTHER Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Robert Schulein, & Exeter		8. FARM OR LEASE NAME Walsh-State	
3. ADDRESS OF OPERATOR 811 Denver Ctr. Bldg., Denver 80203		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL of SE/4 At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 74560		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5923' GR	
		12. COUNTY Weld	13. STATE Colo.

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 checked="" 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.)

Date of work P&A 10/6/74

Well was plugged as follows:

15 sx. bottom of surface casing
10 sx. top of surface casing

A steel cap was welded over top of surface casing.

DVR	
FJP	✓
HHH	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED [Signature] TITLE AGENT DATE 12/3/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 5 1974
CONDITIONS OF APPROVAL, IF ANY:

X