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API 1237080



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CONSERVATION COMMISSION
STATE OF COLORADO

e for Patented and Federal lands.
e for State lands.

COLO. OIL & GAS

LEASE DESIGNATION AND SERIAL NO.

(fee)

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 GAS WELL OTHER dry hole

2. NAME OF OPERATOR T. J. Glennon

3. ADDRESS OF OPERATOR 410 Johnson Bldg., Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface Center NE SE Sec. 13, T9N, R56W
At proposed prod. zone same as surface location

5. PERMIT NO. 69 09 111 ✓

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4403 GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME none

7. UNIT AGREEMENT NAME none

8. FARM OR LEASE NAME Albert E. Miller et al

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT wildcat

11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Sec. 13, T9N, R56W
6th PM

12. COUNTY OR PARISH Weld

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 checked="" 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) _____ | |

(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 3/31/69 to 4/5/69

| | |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

Plugged with 10 sacks on top and 15 sacks on bottom.

LATE

8/21/69 - Checked location, hole P & A OK, pits leveled. Jim



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

SIGNED R. D. Gasch, agent TITLE Executive Vice President DATE 8/13/69

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE DIRECTOR O & G CONS. COMM. DATE AUG 18 1969

CONDITIONS OF APPROVAL, IF ANY:

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