

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

RECEIVED

JAN 03 1984



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

COLO. OIL & GAS CONS. COMM.

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.)

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Toedle 1

9. WELL NO.
9-1

10. FIELD AND POOL, OR WILDCAT
Cotton Valley

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-9N-56W

12. COUNTY
Weld

13. STATE
CO

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
High Summit Oil & Gas Inc

3. ADDRESS OF OPERATOR
3817 Carson Evans, Co 80620

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface *SW/4 660 FWL 670 F&L*
At proposed prod. zone *SAME*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4536.3

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input checked="" 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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

Surface casing ~~test~~ will not permit us to re-enter - to old - plug with cement. Re-Applyed New Location. ~~Conson~~ please consended @ abandon.



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

SIGNED *James M. Furbach* TITLE *Sec/Treas* DATE _____

(This space for Federal or State office use)

APPROVED BY *William Smith* TITLE *DIRECTOR* DATE *JAN 16 1984*

CONDITIONS OF APPROVAL, IF ANY: *O & G Cons. Comm.*