



00215725

COLORADO
CONSERVATION COMMISSION
NATURAL RESOURCES

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

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

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Wyatt School

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T7N-R65W

12. COUNTY

Weld

13. STATE

Colorado

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Decalta International Corporation

292-9464

3. ADDRESS OF OPERATOR

1801 Broadway, Suite 1500, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.)

At surface

650 FWL, 1980 FWL

At proposed prod. zone

14. PERMIT NO.

81-108

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

4830 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Skim oil off pit.

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 9/16/83

* Must be accompanied by a cement verification report.

Hauled, via Skaer Enterprises, 35 BBLs oil, water, & B.S. from pit to disposal ~~ampere dump~~ *ump*

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	

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

SIGNED

TITLE

MCC. PRD

DATE

10/14/83

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

NOV 4 1983

CONDITIONS OF APPROVAL, IF ANY:

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