

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



RECEIVED

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.)

AUG 12 1986

COLORADO OIL & GAS CONSERVATION COMMISSION

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR The Marlin Oil Company, c/o Larry L. Snodgrass Trustee		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 808, Denver, Colorado 80295		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 1980' FSL, 1980' FEL (NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 27) At proposed prod. zone same		8. FARM OR LEASE NAME Denny	
14. PERMIT NO. 74-946		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4987.8' G.R.		10. FIELD AND POOL, OR WILDCAT New Windsor Unit	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T7N R67W	
		12. COUNTY Weld	13. STATE CO

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 checked="" 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 checked="" type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS. <input 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.)

18. Date of work 7-1-86 thru 7-11-86 \* Must be accompanied by a cement verification report.

Well was shut-in since 1982  
Cleaned junk out of hole to T.D. of 4345 (correct).  
Set packer above perforations and acidized with 500 gal. 15% HCl. Heated to 110° treatment pressure zero and flushed past perms. Swabbed back 225% of load. Ran production string, rods and pump. Hooked up pumping unit and put well to pumping on 7-15-86.  
Production test as of 8-1-86 2 BOPD, 15 BWPD, 7 MCFPD ✓

WRS	
REP	
WEL	
DR	
ACC	
LAR	
COG	
SD	

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

SIGNED [Signature] TITLE Production Consultant DATE 8-11-86

(This space for Federal or State-office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE AUG 13 1986  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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