

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

COLORADO OIL & GAS CONSERVATION COMMISSION

5. LEASE DESIGNATION & SERIAL NO.	N/A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
7. UNIT AGREEMENT NAME	N/A
8. FARM OR LEASE NAME	Thomas Janes
9. WELL NO.	Scott No. 1, ✓
10. FIELD AND POOL, OR WILDCAT	Stanolind Oil and Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	NE 1/4 SW 1/4 Section 20, T. 1 N., R. 93 W.
12. COUNTY	Rio Blanco
13. STATE	Colorado

**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  Special re-entry, testing and plugging  
Scott Well

2. NAME OF OPERATOR  
CH2M HILL for U.S. Bureau of Reclamation

3. ADDRESS OF OPERATOR  
P.O. Box 22508, Denver, Colorado 80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface NE 1/4 SW 1/4 Section 20, T. 1 N., R. 93 W.  
At proposed prod. zone

14. PERMIT NO.  
N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6647.5 D.F.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

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.) See attached logs and figures.

18. Date of work September, 1980 to December, 1980. \* Must be accompanied by a cement verification report.

9/29/80 to 10/12/80 Prepared well site and head.

10/13/80 to 12/13/80 Re-entered, cleaned out, tested, and replugged well to depth of 1,940 feet.

See attached logs and figures for cementing schedule.

DVR	
FJP	
HHM	✓
JAM	✓
LJD	
RLS	
COM	

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

SIGNED John W. Butler TITLE Project Manager DATE Oct 26, 1981

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE NOV 6 1981

CONDITIONS OF APPROVAL, IF ANY:



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