

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



00054178

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

RECEIVED

NOV 7 1984

COLO. OIL & GAS CON. 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. MM.	
2. NAME OF OPERATOR Kenneth L. Tipps		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1720 S. Bellaire #410, Denver, Co. 80222		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 At proposed prod. zone Test "J" & "D" Sands		8. FARM OR LEASE NAME Simonsen	
14. PERMIT NO. 82-127		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4520 KB		10. FIELD AND POOL, OR WILDCAT N Xenia	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NESE 6 T2N, R53W	
		12. COUNTY Washington	
		13. STATE Colorado	

SCANNED

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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) WASH DOWN - TEST - P4A	<input type="checkbox"/>		<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 August 12, 1982

* Must be accompanied by a cement verification report.

See attached plugging report.

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

SIGNED

TITLE

Operator

DATE

10/12/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

OCT 20 1984

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.

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NOV