



00080125

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

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

RECEIVED

OCT 20 1972

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR A. T. Skaer		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 620 @ Patterson Building, Denver, Colorado 80202		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 SW SW Sec 9 2N 58W At proposed prod. zone " " " "		8. FARM OR LEASE NAME Bostwick Funk	
14. PERMIT NO. Re-completion		9. WELL NO. # 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4597' Gr - 4606' KB		10. FIELD AND POOL, OR WILDCAT Sawbuck	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C SW SW Sec 9 Tn 2N Rg 58W	
		12. COUNTY Morgan	
		13. STATE Colo	

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

Date of work July 20, 1972

Moved in Donnelly Casing Pulling Company

Run sand to 5889', dumped 5 sax cement to 5823', worked casing to 51" tension, shot @ 5300', 5200', came loose pulled sand, 167 jts., mud hole to 115', dumped 15 sax cement to 87', mud to 28', run 10 sax cement to base cellar.

Ex oil Prod

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

DIRECTOR

O R G COMM. COMM.

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 24 1972

10/17/72