

001-08350



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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF THE STATE OF COLORADO

REV. 7-64

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

COLO. OIL & GAS CONSERVATION COMMISSION

### 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 AND SERIAL NO. -----	
2. NAME OF OPERATOR Chandler & Associates, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR 1401 Denver Club 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 660 FSL; 1980' FEL (SW SE) At proposed prod. zone Same		8. FARM OR LEASE NAME UPRR	
14. PERMIT NO. 831542		9. WELL NO. 15-7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5421.5 GR		10. FIELD AND POOL, OR WILDCAT Second Creek Field	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 7-3S-65W	
		12. COUNTY Adams	13. STATE Colorado

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

Date of work \_\_\_\_\_

Verbal approval was received from the Oil & Gas Conservation Commission to plug the well as follows:

- 120 sx from 1850-1450
- 35 sx from 350-279
- 10 sx at surface

Mud laden fluid between plugs.

Well plugged 12-14-83. RIG RELEASED at 12 Noon 12-14-83.

Location will be restored as per approved plan.

WRS  
FJP  
HH  
JAM ✓  
RCC  
LAR ✓  
COM  
ED

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

SIGNED Richard Veghte TITLE Petroleum Engineer DATE 12-20-83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE JAN 17 1984  
O & G Cons. Comm.



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