



00205363

REV. 7-64

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

SEP 20 1982

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

COLORADO 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER DRY		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Crystal Oil and Land Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 21101, Shreveport, Louisiana 71120		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 1908' FSL and 660' FEL of Sec. 11 At proposed prod. zone T7N, R63W		8. FARM OR LEASE NAME Hamilton ✓
14. PERMIT NO. 80700 ✓		9. WELL NO. 43-11 ✓
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4827 KB 4836		10. FIELD AND POOL, OR WILDCAT Fosston ✓
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-T7N-R63W ✓
		12. COUNTY Weld ✓
		13. STATE Colorado

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 checked="" 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 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 _____

Spud 7-20-80
Set 9 5/8" csg @ 570' w/500 sx cmt on 7-20-80
Set 4 1/2" csg @ 7458' w/300 sx cmt on 8-3-80
Reached TD of 7460' on 8-1-80
Perf 4 1/2" csg 7359-64' w/4 SPF
Shut-in --- Temporarily abandoned 9-19-80

DVR	
PAR	
MMN	
JAG	✓
JJB	RC
RLS	
PSW	

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

SIGNED Martha Rogers TITLE Administrative Assistant DATE 9-14-82

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE SEP 30 1982
CONDITIONS OF APPROVAL, IF ANY: