

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <b>Dom American Petroleum Corporation</b>	3. ADDRESS OF OPERATOR <b>P. O. Box 1400, Riverton, Wyoming</b>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FNL 1981' FNL Sec. 17-T11N-R97W, Moffat County, Colorado (NE NW)</b>	5. LEASE DESIGNATION AND SERIAL NO. <b>C-04508</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME	9. WELL NO. <b>101 Harry Plesinski</b>	10. FIELD AND POOL, OR WILDCAT	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 17-T11N-R97W</b>	12. COUNTY OR PARISH	13. STATE <b>Moffat Colorado</b>
14. PERMIT NO. <b>660 532</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)											

## 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 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.)\*

Well spudded 12/31/66 and drilled to a depth of 370' where 352' 8-5/8" 24# 516C casing was set at 365' RDB with 250 sx reg Monolith x 2% CaCl2.

BEST IMAGE  
AVAILABLE

00290299

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

SIGNED

Original Signed  
**J. E. LANG**

TITLE

**Area Superintendent**

DATE

**1/4/67**

(This space for Federal or State office use)

APPROVED BY

**Dr. Rogers**

TITLE

**Director**

DATE

**JAN 9 1967**

CONDITIONS OF APPROVAL, IF ANY:

COLO. OIL &amp; GAS COM.

\*See Instructions on Reverse Side