

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

SEP 12 1974

COLO. OIL & GAS CON. COMM. NO.

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 GAS WELL OTHER

2. NAME OF OPERATOR
Sands-American Corp.

3. ADDRESS OF OPERATOR
5889 So. Syracuse Circle, Suite 203, Englewood, Colo. 80110

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface SE/4 NE/4 Sec. 28, T 1S, R 67W
At proposed prod. zone same

14. PERMIT NO. 74 525

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5088' Gr. - 5098' K. B.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Tsunami

9. WELL NO. 4

10. FIELD AND POOL, OR WILDCAT
Wattenburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T 1S, R 67W

12. COUNTY Adams

13. STATE Colo.

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"/>	Protect wtr. zone <input checked="" 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 7/23/74

Cemented Fox Hills Water Sand through Otis Sleeve set at 1355' w/200 sxs. 50/50 Pozmix, 6% gel. (Halliburton).

DVR	
FJP	
HHM	✓
JAM	✓
JD	✓
OCH	✓
CCM	

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

SIGNED *James P. McAnis*

TITLE Secretary

DATE 9/3/74

(This space for Federal or State office use)

APPROVED BY *W. Rogers*
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G CON. COMM.

DATE SEP 13 1974