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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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Denver 053302	
2. NAME OF OPERATOR Chandler-Simpson, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1401 Denver Club Bldg., 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 610' from the north line 609.81' from the west line of NW/4 (NW NW)		8. FARM OR LEASE NAME Nightingale-Government	
14. PERMIT NO. 69 740		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6964.2'		10. FIELD AND POOL, OR WILDCAT Sugar Loaf Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T11N-R10W	
		12. COUNTY OR PARISH Hoffat	
		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 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 checked="" type="checkbox"/> Supplemental History	

(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.)*

Spudded 12-17-69.

Ran 8 5/8" casing (24#) to 297' KB, cemented with 375 sx. Good returns.
Plug down at 5 a.m. 12-19-69.

4 DST's were run

Drilled to TD of 5502'.

Ran 5 1/2" 17# casing, landed & cemented at 5495' KB with 250 sacks. Good circulation. Job complete at 12:50 p.m. 1-10-70.

We are currently waiting on completion unit. Your well completion form will be submitted as soon as this well has been completed and an IP established.

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

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

SIGNED

Richard Veghte

TITLE

Petr. Engineer

DATE

2-4-70

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
G & A CONS. COMM.

DATE

FEB 6 1970

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side