



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. C-03585-A
2. NAME OF OPERATOR TEXACO Inc. - Domestic Producing Department-West		6. IF INDIAN, ALLOTTEE OR TRIBE NAME XXXXXXXXXX
3. ADDRESS OF OPERATOR P. O. Box 157, Craig, Colorado 81626		7. UNIT AGREEMENT NAME Fawn Creek
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2220' FWL and 226' FSL		8. FARM OR LEASE NAME Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6755 KB	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Black Fawn-Mesaverde
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.)*		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T3S-R98W
		12. COUNTY OR PARISH Rio Blanco
		13. STATE Colorado

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Well Name Change	X	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

Approval is requested to change the subject well name as follows:
From: Fawn Creek Unit Well No. 1 (formerly Boies Well No. 1)
To: Texaco Govt. - Paul Burton #A Well No. 1

RECEIVED
JUN 22 1965
OIL AND
CONSERVATION COMMISSION

Void

DVR	
WRS	
HHM	
JAM	
FJP	
JJD	
FILE	

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

SIGNED _____ TITLE **District Superintendent** DATE **June 21, 1965**

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE *Director* DATE **JUN 29 1965**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side