

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00210219

RECEIVED

DEC 4 1984

COLO. OIL & GAS CONS. COMM.

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR HI TEC ENERGY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P. O. Box 2157, Eaton, CO 80615		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL 660' FSL At proposed prod. zone Codell		8. FARM OR LEASE NAME DOTTIE EILEEN	
PERMIT NO. 841697		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4860' KB 4870'		10. FIELD AND POOL, OR WILDCAT Eaton (Codell)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C SE SW $\frac{1}{4}$	
		12. COUNTY Weld	
		13. STATE Colorado	

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 checked="" 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.)

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 December 6, 1984

* Must be accompanied by a cement verification report.

150,000 lbs Sand Prop W/1900 BBL Fluid

7318 - 3 holes
7319 - 3 holes
7320 - 3 holes
7321 - 3 holes
7322 - 3 holes
7323 - 3 holes
7324 - 3 holes
7325 - 3 holes
7326 - 3 holes
7327 - 3 holes
7328 - 3 holes
7329 - 3 holes



I hereby certify that the foregoing is true and correct

SIGNED Anthony P. Ruff
(This space for Federal or State office use)

TITLE Executive Secretary

DATE 12/1/84

APPROVED BY William B. Smith
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O & G Cons. Comm.

DATE DEC 13 1984