

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

00268523

RECEIVED

JUL 29 1985

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. <b>COLO. OIL &amp; GAS CONS. COMM.</b>
2. NAME OF OPERATOR <b>Falcon-Andrau Energy Company</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>999 18th Street, #357 Denver CO 80202</b>	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 <b>660' FNL &amp; 600' FEL of Sec. 35</b> At proposed prod. zone <b>same</b>	8. FARM OR LEASE NAME <b>OWL CREEK</b>
14. PERMIT NO. <b>841683</b>	9. WELL NO. <b>36</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR 4918'</b>	10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 35-T8N-R65W</b>
	12. COUNTY <b>Weld</b>
	13. STATE <b>Colo.</b>

## 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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL.	<input type="checkbox"/>	CHANGE PLANS:	<input type="checkbox"/>
(Other)			

## 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"/>

(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.)

18. Date of work

\* Must be accompanied by a cement verification report.

On November 27, 1984 Operator ran 177 jts. 4 1/2" N80 11.6# new casing to 7460'. This casing was cemented with 275 sx. 50/50 Poz with 2% Gel and 10% salt.

Operator plans to perforate subject well at 7138-7146' (Niobrara) and 7318-7324' (Codell) each with 2 JSPF. These formations will be fractured with 55,000 gal. 40# Gel and 85,000 lbs. 20/40 Sand in the Codell and 68,000 gal. 40# Gel and 90,000# 20/40 Sand in the Niobrara formation. An application for Commingling the two formations will be submitted prior to any actual work is started.

Completion procedures should begin in approximately 60-90 days. There will be no further reports filed until these operations are eminent.

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

SIGNED Philip Johnson for  
D. E. A. JohnsonTITLE Petroleum EngineerDATE 7/3/85

(This space for Federal or State office use)

APPROVED BY William Smith

TITLE

DIRECTOR

DATE AUG 6 1985

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.