

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOin duplicate for Patented and Federal lands.
in triplicate for State lands.

RECEIVED

FEB 25 1974

OIL & GAS CONS. COMM.

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 AND SERIAL NO.	
2. NAME OF OPERATOR A. T. Skaer		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 620 Patterson Building, 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 600' FNL & 600' FEL of SW/4 At proposed prod. zone		8. FARM OR LEASE NAME Hendricks	
14. PERMIT NO. 66-497		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4283 KB		10. FIELD AND POOL, OR WILDCAT Warrior	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-9N-54W	
		12. COUNTY Logan	
		13. STATE Colo	

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)			

SUBSEQUENT REPORT OF:

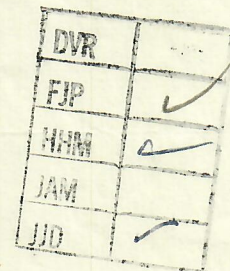
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input checked="" type="checkbox"/>
(Other)			

(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 10-15-74

Donnelly Casing Pulling Company ran sand to 5000'--Set 5 Sack cement plug--Loaded hole w/ mud laden fluid--worked pipe loose & shot off 4020'--Pulled pipe--set 15 sack cement plug at bottom surface pipe at 131'--Set 10 sack cement plug top of surface pipe--cut off surface pipe 3' below plow depth.

EXHAUSTED
GAS WELL

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR

O & G CONS. COMM.

2/20/74

FEB 26 1974