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STATE OF COLORADO  
S CONSERVATION COMMISSION  
ENT OF NATURAL RESOURCES

RECEIVED

JUL 26 1985

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.5. LEASE DESIGNATION **COLORADO OIL & GAS CONS. COMM.**API  
0759078

## 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Petroleum, Inc.		8. FARM OR LEASE NAME Crow	
3. ADDRESS OF OPERATOR P.O. Box 60, Casper, Wyoming 82602		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE 1/4 SW 1/4 2030' FSL, 1540' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T9N-R53W		12. COUNTY Logan	
13. STATE Colorado		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4170' GL, 4179' KB		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 checked="" type="checkbox"/> XX
(Other) <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 P & A December 29, 1984

\* Must be accompanied by a cement verification report.

History: Spud 12/21/84. Set 5 jts 8-5/8" 24# surface casing at 218' KB, cemented with 125 sx reg. cement W/3% CaCl. Drilled 7-7/8" hole to 5050' DTD. Plugged with 20 sx cement at bottom of surface casing and 10 sx at surface. Formations tops attached. Log copies previously furnished.



00264480

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

SIGNED

Bruce Manner

TITLE

District Office Manager

DATE

7/22/85

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

DATE

AUG 2 1985

CONDITIONS OF APPROVAL, IF ANY:

D &amp; G Cons. Comm.