

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

RECEIVED
MAR 8 1982



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

COLO. OIL & GAS CONS. COMM.

LEASE DESIGNATION & SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Gulf Oil Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2619; Casper, WY 82602-2619		8. FARM OR LEASE NAME Carey "B" <input checked="" type="checkbox"/>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL of SE/4 (C SW SE) <input checked="" type="checkbox"/> At proposed prod. zone Same		9. WELL NO. 1 <input checked="" type="checkbox"/>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT East Mt. Hope "D" Sand	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4158' KB, 4148' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-9N-53W <input checked="" type="checkbox"/>	
		12. COUNTY Logan <input checked="" type="checkbox"/>	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 checked="" 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 (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Clean out to PBD <input checked="" type="checkbox"/>	

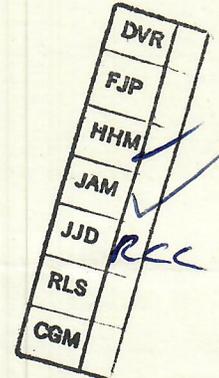
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

See attached.



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

SIGNED D. H. Jones TITLE Petroleum Engineer DATE March 5, 1982

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 15 1982
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: