

RECEIVED
FEB 17 1983

10. OIL & GAS CONS. COMM.

OGCC FORM 4
REV. 7-64

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



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 GAS WELL OTHER

2. NAME OF OPERATOR
Gulf Oil Corporation, Attn: R. W. Huwaldt

3. ADDRESS OF OPERATOR
P. O. Box 2619; Casper, WY 82602-2619

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
At proposed prod. zone 660' FSL & 1980' FWL of SE/4 (C SW SE)
Same

14. PERMIT NO.
API #05-075-06274

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4158' KB, 4148' GL

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Carey "B"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
East Mt. Hope "D" Sand

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-9N-53W

12. COUNTY
Logan

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:

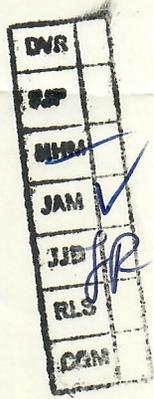
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) Fish Tbg & restore to prod. <input checked="" 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.)

Date of work _____

See attached.



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

SIGNED J. B. Desch TITLE Production Engineer DATE February 15, 1983

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
O & G Cons. Comm. DATE FEB 23 1983

CONDITIONS OF APPROVAL, IF ANY: