

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.

RECEIVED

FEB 27 1984



COLO. 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.)

3. 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

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 660' FSL & 1980' FWL of SE/4 (C SW SE)

At proposed prod. zone Same

14. PERMIT NO.

API #05-075-06274

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4158' KB, 4148' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

Fish Tbg. & Restore to Prod.

(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

WRS	
FJP	
HHH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED

*John B. Desch*  
J. B. Desch

TITLE Production Engineer

DATE February 20, 1984

(This space for Federal or State office use)

APPROVED BY

*William R. Smith*

TITLE O & G Cons. Comm. DIRECTOR

DATE MAR 9 1984

CONDITIONS OF APPROVAL, IF ANY: