

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

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NOV 19 1969



00216308

COLO. OIL & GAS

5. LEASE DESIGNATION AND 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Union Oil Company of California		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1611 - Casper, Wyoming 82601		8. FARM OR LEASE NAME E. B. Shawver	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 134' FSL and 590' FEL (SE SE) At proposed prod. zone		9. WELL NO. 1	
14. PERMIT NO. 69-470 8/7/69		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8280.5' Gr.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7N, R79W	
		12. COUNTY OR PARISH Jackson	
		13. STATE Colorado	

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"/>
(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.)

Date of work October 17, 1969

Dry hole plugged and abandoned as follows:

Plug No. 1 6475-6375' - 45 sx. cement plug
Plug No. 2 572- 472' - 50 sx. cement plug
Plug No. 3 5 sx. cement plug at surface. Installed dry hole marker. Heavy drilling mud between cement plugs.

FINAL.

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input type="checkbox"/>

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

SIGNED A. T. Mannon, Jr.

TITLE District Drlg. Supt.

DATE 11-14-69

(This space for Federal or State office use)

APPROVED BY W. Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

NOV 20 1969

CONFIDENTIAL