

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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NOV 19 1969



00216305

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

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Drilling Well		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1611 - Casper, Wyoming 82601		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME E. B. Shawver	
14. PERMIT NO. 69-470 8/7/69		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8280.5 Ground		10. FIELD AND POOL, OR WILDCAT Wildcat	
		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 type="checkbox"/>
(Other) Supplemental Well History <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 Spudded 4:30 P.M. 9-15-69.

Drilled 12-1/4" hole to 522', ran 16 jts. 9-5/8" OD, 36#, K-55 casing set at 522' with 150 sx. Reg. Cement with 4% Gel and 2% CaCl₂, plus 100 sx. reg. cement with 2% CaCl₂. Cement to surface. Job complete 9:45 P.M. 9-16-69. Tested BOP's to 1000 psi for 30 min. - OK. Drilled 7-7/8" hole to 7869', total depth. Logged hole. Dry Hole.

DVR	
FJP	
HHM	✓
JAM	✓
JJD	

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

SIGNED

A. T. Mannon, Jr.

TITLE Dist. 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 21 1969

CONDITIONS OF APPROVAL, IF ANY:

CONFIDENTIAL