

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
JAN 10 1985
RECEIVED
JAN 3 1985
COLO. OIL & GAS CONS. COMM.
3/77-2281

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
Three State Well Service

3. ADDRESS OF OPERATOR
Rt. 4, 17566 Rd. 30, Sterling, CO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface NWSE
At proposed prod. zone

5. LEASE DESIGNATION AND SERIAL NO.
3/77-2281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
STATE 33-32

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Stampede

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
32-8-51 W

12. COUNTY Logan 13. STATE CO

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)



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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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 as soon as weather permits

Dump frac sand above perforation
Place 5 sacks of cement on top of sand
Place 15 sacks cement in and out of bottom of surface casing
Cut surface casing off 3 feet below ground level
Fill surface casing with cement to top

WRS
FJP
HMM
JAM
RCC
LAR
CCM
ED

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

SIGNED John A. Givonka TITLE President DATE 12/31/84

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE JAN 11 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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