

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



02357049

RECEIVED

JAN 16 1974

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

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Sage Oil Co + Ft Worth Pipe + Sply		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1640 Court Place #301 - DENVER, CO 80202		8. FARM OR LEASE NAME Eaton	
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 SE NE SECT 5 T9N R53W		9. WELL NO. #1	
14. PERMIT NO. 72-138		10. FIELD AND POOL, OR WILDCAT Wind Song	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 4158		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SECT T9N R53W	
		12. COUNTY Logan	
		13. STATE Colo	

### 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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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)	<input type="checkbox"/>		<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 \_\_\_\_\_

Fill Hole w/ Dnlg Mud; Set 5 SAK CEMENT  
ACROSS PERFS, 15 SAK CEMENT bottom surface  
PIPE, + 10 SAK CEMENT top surface pipe

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

(Word not. to abandon; well is producing)

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

SIGNED Ed May

TITLE Ft Worth P+5

DATE 1-15-74

(This space for Federal or State office use)

APPROVED BY Ed Rogers  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR

DATE JAN 17 1974

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