

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR *Sage Oil Co + Ft Worth Pipe + Sply*

3. ADDRESS OF OPERATOR *1640 Count Place #301 - DENVER, CO 80202*

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 *C SE NE SECT 5 T9N R53W*

*1980fml
660fel*

14. PERMIT NO. *72-138*

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
G.L. 4158

12. COUNTY *Logan*

13. STATE *Colo*

SECT T9N R53W

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

(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/ Dnly Mud; SET 5 SAX CEMENT
ACROSS PERFS, 15 SAX CEMENT bottom SURFACE
PIPE, + 10 SAX CEMENT top SURFACE PIPE*

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

(Word int. to abandon; well is producing)

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

SIGNED

CO Meny

TITLE

Ft Worth P+S

DATE

1-15-74

(This space for Federal or State office use)

DIRECTOR

APPROVED BY

W. Rogers

TITLE

W. B. GARDNER, GENERAL

DATE

JAN 17 1974

CONDITIONS OF APPROVAL, IF ANY:

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