

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO



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

8

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.)

RECEIVED NOV 19 1968

1. OIL WELL GAS WELL OTHER COLO. OIL & GAS CONS. COMM.

2. NAME OF OPERATOR: TEXACO Inc., Producing Department - U. S. (West)

3. ADDRESS OF OPERATOR: Wyoming Bldg., 4th Floor, 202 East 2nd Street, Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface. Not available - ~~NE SE SE~~ Sec. 18. At proposed prod. zone 585 FS - 200 FE of NE 1/4 SPC 18

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Quaintance-Hocking

9. WELL NO.: 5

10. FIELD AND POOL, OR WILDCAT: Tow Creek

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA: Sec. 18-T6N-R86W 6th PM

12. COUNTY OR PARISH: Routt

13. STATE: Colorado

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): Not Known

16. 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"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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: November 9, 1968

Moved in service unit, pulled rods and tubing. Filled hole with mud to 2400'. Set 15 sx cement plug at 2400'. Unable to pull casing. Set 10 sx cement plug in top of surface casing with regulation dry hole marker.

| | |
|-----|---|
| DVR | |
| HP | ✓ |
| HMM | ✓ |
| JAM | ✓ |
| JJD | ✓ |

Ex. Oil Prod.

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

SIGNED: H.P. Bacon TITLE: District Superintendent DATE: Nov. 15, 1968

(This space for Federal or State office use)

APPROVED BY: M. Rogers TITLE: DIRECTOR O & G CONS. COMM. DATE: NOV 20 1968

CONDITIONS OF APPROVAL, IF ANY: