

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

RECEIVED

DEC -4 1978

File in duplicate for Patented and Federal lands. COLO. OIL & GAS CONS.
File in triplicate for State lands.

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"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR The Colton Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR D-204 Petroleum Center, San Antonio, Texas 78209		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 NW/4 SE/4 1980' F S & E Lines At proposed prod. zone Same		8. FARM OR LEASE NAME Madden-Hiett
14. PERMIT NO. 78-1163		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4515 KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19-T12N-R52W
		12. COUNTY Logan
		13. STATE Colorado

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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"/>	
(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 11/21/78

Spud 11/17/78
 Set 6 Jts (189') 8-5/8" Casing @ 196' KB
 W/130 Sax
 Drilled to TD - 5312'
 Ran IES & Density Logs
 DST-1 - 5254-64 Open 10' SI 30' Open 60' SI 45'
 Good blow - Rec. 10' Oil
 110' HO & G CM Flow-201#
 360' Water SI- 934#
 DST-2 5237-55 Open 10', SI 30' Open 75' SI 60'
 Fair Blow - Rec. 70' Dr Mud Flow 127#
 180' MC Water SI 930#
 DST-3 5254-60 Open 10' SI 30' Open 60' SI 45'
 GTS, Good blow
 Rec. 75' OCM
 60' S10 & WC Mud Flow - 113#
 128' OCM Water SI - 908#
 Prepare to plug

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HJM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>



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

SIGNED [Signature] TITLE Authorized Agent DATE 11/22/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 8 1978
8 & 8 CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

file