

866-3531 721 McKee

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



00242338

n duplicate for Patented and Federal lands.
n triplicate for State lands.

RECEIVED

OCT 26 1983

LEASE DESIGNATION & SERIAL NO.

State Lease 72/3341-S

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Twentieth Century Corporation		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1020 - 15th Street, #39E, Denver, Co 80202		9. WELL NO. #1 State "C" NCT-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C NE/NW Sec 11 T9 NR 78W At proposed prod. zone <u>NW NE</u>		10. FIELD AND POOL, OR WILDCAT Canadian River	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 11 T9NR 78W	
14. PERMIT NO. 79-1436	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8080 + GR	12. COUNTY Jacson	13. STATE Co 10

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 checked="" type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" 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.)

18. Date of work 1979

* Must be accompanied by a cement verification report.

In 1979 Set plug below Muddy Interval(1810-1892) Perforated and treated with 500 gal 15% HCl Swabbed back. Tested H2O. Well awaiting recompletion attempt. Will set bridge plug below frontier (1280-1312) Squeeze, perforate, frac and attempt to produce. Test scheduled for mid November, 1983.

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

SIGNED

TITLE Office Manager

DATE 10-20-83

(This space for Federal or State office use)

APPROVED BY

TITLE

Senior P. E.

DATE

10-27-83

CONDITIONS OF APPROVAL, IF ANY: