

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



00272207

AUG 16 1979

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

COLD OIL & GAS CONS. COM.

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"/> <u>Water Supply Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>C-7242005</u>	
2. NAME OF OPERATOR <u>Conoco Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>907 North Union Blvd., Casper, Wyoming 82601</u>		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 <u>2210' FNL, 220' FWL (SW NW)</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Conoco State 16</u>	
14. PERMIT NO. <u>74-408</u>		9. WELL NO. <u>4</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>8195' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>South McCallum - Coalmont</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 16, T9N, R78W</u>	
		12. COUNTY <u>Jackson</u>	13. STATE <u>Colorado</u>

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 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.)

Date of work Upon Approval

The subject well is currently a Coalmont water supply well. It is proposed to acidize this well with 1000 gallons of fluid (3% HF and 12% HCL) in order to increase water production.

Water from this well is being used for a pilot waterflood project in the South McCallum Field.

DATE	
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CCM	

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

SIGNED

T.C. ThompsonTITLE Administrative SupervisorDATE August 13, 1979

(This space for Federal or State office use)

DIRECTOR

APPROVED BY

W. Rogers

TITLE

U.S. DEPT. OF THE INTERIOR

DATE

AUG 23 1979

COGCC(3)

File

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