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OGCC FORM 1  
REV. 7-64

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
STATE OF COLORADO COLO. OIL & GAS CONS. COMM.



02357257  
File in triplicate for Patented and Federal lands.  
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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Jack J. Grynberg

3. ADDRESS OF OPERATOR  
5000 South Quebec, Suite 500, Denver, CO 80237

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface 2123' FNL 788' FEL (SE $\frac{1}{4}$ NE $\frac{1}{4}$ ) Section 15-T9N-R91W  
At proposed prod. zone

14. PERMIT No. 5  
74 23

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6603' GL, 6613' KB

5. LEASE DESIGNATION AND SERIAL NO.  
FEE Book 374, Page 393

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
None

8. FARM OR LEASE NAME  
Villard ✓

9. WELL NO.  
1 ✓

10. FIELD AND POOL, OR WILDCAT  
Blue Gravel Field ✓

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15-T9N-R91W ✓  
14

12. COUNTY Moffat ✓

13. STATE Colorado

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"/>	

(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 8/17/83

- 1.) Move in pulling unit and set 50 sx plug from 4230' to 4260' GL, to cover perforations.
- 2.) Set 25 sx plug @ base of surface casing, 268' GL.
- 3.) Set 10 sx plug @ surface using retainer. Set dry hole marker, using steel plate on stub.
- 4.) Restore and revegetate surface.

DVR	
FJP	
HHH	✓
JAM	✓
RCC	
LAR	✓
GCM	

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

SIGNED [Signature] TITLE Drilling Coordinator DATE 7/26/83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR O & G Cons. Comm. DATE AUG 8 1983

CONDITIONS OF APPROVAL, IF ANY: