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JUL 28 1983

OGCC FORM 4

REV. 7-64

OIL AND GAS CONSERVATION COMMISSION

DEPT. OF NATURAL RESOURCES

STATE OF COLORADO COLO. OIL & GAS CONS. COMM.



02357257

File in duplicate 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. FEE Book 374, Page 393
2. NAME OF OPERATOR Jack J. Grynberg		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 5000 South Quebec, Suite 500, Denver, CO 80237		7. UNIT AGREEMENT NAME None
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		8. FARM OR LEASE NAME Villard
14. PERMIT No. 5 74 23		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6603' GL, 6613' KB		10. FIELD AND POOL, OR WILDCAT Blue Gravel Field
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 45-T9N-R91W
		12. COUNTY Moffat
		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"/>	

(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	<input type="checkbox"/>
FJP	<input type="checkbox"/>
HHH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	<input type="checkbox"/>
LAR	<input checked="" type="checkbox"/>
GCM	<input type="checkbox"/>

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

SIGNED

TITLE Drilling Coordinator

DATE 7/26/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

AUG 8 1983

CONDITIONS OF APPROVAL, IF ANY: