

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

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

RECEIVED

SEP 26 1975
OIL & GAS DIV.

LEASE DESIGNATION AND SERIAL NO.
FEE Book 374 Page 393

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME None | |
| 2. NAME OF OPERATOR Jack J. Grynberg | | 8. FARM OR LEASE NAME Villard | |
| 3. ADDRESS OF OPERATOR 1050-17th Street, Suite 1950, Denver, Colorado 80202 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone | | 10. FIELD AND POOL, OR WILDCAT Blue Gravel Field | |
| 2123' FNL 788' FEL (SENE) Sec. 15, T 9 N - R 91 W | | 11. SEC. T, R, M, OR BLK. AND SURVEY OR AREA Sec. 15, T 9 N - R 91 W | |
| 14. PERMIT NO. 74 23 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6602.9 GL | 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 type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Completion Operations to Date</u> <input checked="" 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 _____

See attached Completion Report for details.

| | |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |
| GCH | <input type="checkbox"/> |
| CGM | <input type="checkbox"/> |

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

SIGNED Cecil D. Gritz TITLE Drilling & Production Mngr. DATE 9/25/75
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE SEP 29 1975
CONDITIONS OF APPROVAL, IF ANY:

file 30