

**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 18 1975

COLO. OIL &amp; 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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	 00272983
2. NAME OF OPERATOR <b>Jack J. Grynberg</b>	
3. ADDRESS OF OPERATOR <b>1050-17th Street, Suite 1950, Denver, Colorado 80202</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>2123' FNL 788' FEL (SENE) Sec. 15, T 9 N - R 91 W</b> At proposed prod. zone	
14. PERMIT NO. <b>74 23</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6602.9 GL</b>

5. LEASE DESIGNATION AND SERIAL NO.

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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. 14, T 9 N - R 91 W

12. COUNTY

Moffat

13. STATE

Colorado

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Completion Operations to Date ☒  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

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	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	

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

SIGNED

Cecil D. GritzTITLE Drilling & Production Manager DATE 9/17/75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 19 1975

file 32