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COLO. OIL & GAS CONS. COM...

OGCC FORM 4

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

REV. 7-64

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 GAS WELL OTHER

2. NAME OF OPERATOR
Jack J. Grynberg

3. ADDRESS OF OPERATOR
1050-17th Street, Suite 1950, Denver, Colorado 80202

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 (SENE) Sec. 15, T 9 N - R 91 W
At proposed prod. zone

14. PERMIT NO. **74 23**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6602.9 GL



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. 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:		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) <input checked="" type="checkbox"/> Completion Operations to Date	

(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	
FJP	
NHM	✓
JAM	✓
JJD	✓
GCH	
CGM	

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

SIGNED *Cecil D. Gritz* TITLE Drilling & Production Manager DATE 9/17/75

(This space for Federal or State office use)

APPROVED BY *McRogers* TITLE DIRECTOR DATE SEP 19 1975

CONDITIONS OF APPROVAL, IF ANY:

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