



00051849

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

RECEIVED

AUG 14 1984

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

COLO. OIL & GAS CONS. COM.

5. LEASE DESIGNATION & SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vicklund "G" Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wattenberg (90750)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 2-T1N-R69W

14. PERMIT NO.

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

5044' GR 5055' KB

12. COUNTY

Boulder

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

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

Change name and location

XX

(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.)

18. Date of work

* Must be accompanied by a cement verification report.

Change name and location from the Spahn "G" Unit #1 NE/4 Sec. 2-T1N-R69W
990' FNL & 990' FEL to the Vicklund "G" Unit #1 NE/4 Sec. 2-T1N-R69W
990' FNL & 1380' FEL.

WRS	
FIP	
THN	
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED

Mark L. Benson

TITLE

Operations Manager

DATE 8/13/84

(This space for Federal or State office use)

APPROVED BY

William R. Smith

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

AUG 23 1984

CONDITIONS OF APPROVAL, IF ANY: