

MAY 4 1976

COLO. OIL & GAS CONS. COMM.



00250459

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P. O. Box 2579, Casper, Wyoming 82602		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SW SE - 600' f/South & 1479' f/East lines Sec. 6 At proposed prod. zone		8. FARM OR LEASE NAME Arthur Sindt
14. PERMIT NO. 76-269 API # 05-075-8596		9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4033.5' GL, ungraded.		10. FIELD AND POOL, OR WILDCAT West Padroni
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-9N-52W
		12. COUNTY OR PARISH Logan
		13. STATE Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
(Other) N.O. Cementing Surf. Csg.	<input checked="" type="checkbox"/>		<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.)

MI-RURT - Spudded 12 $\frac{1}{4}$ " hole @ 12 Noon 5-1-76. Drld 12 $\frac{1}{4}$ " hole to 325' - Set 8-5/8" OD 24# surface casing @ 317' K.B. cemented w/225 Sx. reg, 3% CaCl₂. (Cement Circ.)
Plug down @ 4:00 PM 5-1-76. WOC - Nip. up. Tested BOP to 600# for 30 mins. Held OK.

Drilling ahead this AM @ 3710'

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
KHM	<input checked="" type="checkbox"/>
JSM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
CCH	<input type="checkbox"/>
CCM	<input type="checkbox"/>

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

SIGNED W. A. Waether, Jr. TITLE Operations Manager DATE 5-3-76

(This space for Federal or State office use)

APPROVED BY W. A. Waether, Jr. TITLE DIRECTOR DATE MAY 6 1976
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

file