

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

RECEIVED

APR 22 1974

REV.



00230738

Indicate for Patented and Federal lands.
Indicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.
6. 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tom Jordan		8. FARM OR LEASE NAME Turecek	
3. ADDRESS OF OPERATOR 600 Capitol Life Center, Denver, Colorado 80203		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 NW NW Sec. 14, T3S, R61W At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 74 192		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5056 GL 5066 KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T3S, R61W	
		12. COUNTY Adams	
		13. STATE Colo.	

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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 April 18, 1974

Plugged and abandoned in accordance with instructions, per Mr. Piro

Cemented 325 - 535 across Fox Hills sandstone, plus 20 sxs at base of surface casing and 10 sxs at top of surface casing.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED Leroy A. Mossel TITLE Geologist DATE April 19, 1974

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 24 1974

CONDITIONS OF APPROVAL, IF ANY: