

RECEIVED
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES JUN 29 1981
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"/> 2. NAME OF OPERATOR The Colton Company 3. ADDRESS OF OPERATOR D-204 Petroleum Center, San Antonio, Texas 78209 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sect. 22 At proposed prod. zone 14. PERMIT NO. 81-708 | | 5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Carlson 9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT Un-named 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-3S-61W 12. COUNTY Adams 13. STATE Colorado |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5090 KB | | |

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 checked="" type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Complete | |

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) <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 6/17/81

Ran casing 6/17/81, well has been waiting on completion rig.

| | |
|-----|---|
| DVR | |
| FJP | |
| HMM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| RLS | |
| CEM | |

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

SIGNED [Signature] TITLE Authorized Agent DATE 6/2/81

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE JUL 1 1981
 CONDITIONS OF APPROVAL, IF ANY: zfp O & G Cons. Comm