

001-06865 RECEIVED
AUG 8 1974

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GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADOuplicate for Patented and Federal lands.
uplicate for State lands.COLORADO GAS CONSERVATION COMMISSION
5. LEASE DESIGNATION AND 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Tom Jordan		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 600 Capitol Life Center, Denver, Colorado 80203		8. FARM OR LEASE NAME Flader Industries, Inc.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FWL, Sec.6, T3S, R60W At proposed prod. zone Same		9. WELL NO. 1	
14. PERMIT NO. <input checked="" type="checkbox"/> 74 494		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4976 GL 4985 KB		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec.6, T3S, R60W	
		12. COUNTY Adams	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" 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 August 2, 1974

Plug and abandon per instructions by Mr. McKee.

Solid plug from 400' into base of surface casing and

10 sacks 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"/>
GCH	
CGM	

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

SIGNED Terry J. Mossel TITLE Geologist DATE August 5, 1974

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE AUG 9 1974

CONDITIONS OF APPROVAL, IF ANY:



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