



00326257

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

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

RECEIVED

FEB 17 1975

RECEIVED

FEB 11 1975

## 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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> Dry Hole		5. <b>LEASE DESIGNATION AND SERIAL NO.</b>	
2. <b>NAME OF OPERATOR</b> TOM JORDAN		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b> COMM.	
3. <b>ADDRESS OF OPERATOR</b> Suite 304, 1700 Broadway, Denver, Colorado 80202		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SE Sec. 6, T3S-R60W - 660 FSL & 660 FEL At proposed prod. zone Same		8. <b>FARM OR LEASE NAME</b> Flader Industries, Inc.	
14. <b>PERMIT NO.</b> 75 29		9. <b>WELL NO.</b> 2	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4977 GR - 4986 KB		10. <b>FIELD AND POOL, OR WILDCAT</b> Wildcat	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 6, T3S-R60W	
		12. <b>COUNTY</b> Adams	13. <b>STATE</b> 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	XX
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	XX
(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 2-9-75

Plug and abandon per telephone instructions of Mr. Frank Piro

6540 - 6500, 15 sacks (across J sand)  
400 - 180, 75 sacks (across Fox Hills)  
Top of Surface Casing - 10 sacks

DVR		DVR	
FJP		FJP	✓
HHM	✓	HHM	✓
JAM	✓	JAM	✓
JJD	✓	JJD	✓
QCH		QCH	
CGM		CGM	✓

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

SIGNED

J. J. Moser

TITLE

Geologist

DATE

2/10/75

(This space for Federal or State office use)

APPROVED BY

J. J. Moser

TITLE

DIRECTOR

D. B. B. B. B.

DATE

FEB 19 1975

CONDITIONS OF APPROVAL, IF ANY: