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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

COLO. OIL & GAS CONSERVATION



00230505

duplicate for Patented and Federal lands. duplicate 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 Burlington Northern, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	---
3. ADDRESS OF OPERATOR P.O. Box 1855 Billings, Montana 59103		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 NE NE Sec. 2 At proposed prod. zone Same as above		8. FARM OR LEASE NAME Claycomb A	
14. PERMIT NO. X 741100		9. WELL NO. No. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5018' KB 5007' GL		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2- T3S - R61W	
		12. COUNTY Adams	13. STATE Colorado

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Cement off Foxhills Sand	<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 October 25, 1975

8:00 a.m. Pumped 13 bbls. of water down 8-5/8" X 4-1/2" annulus at 250 psi. Mixed 100 sacks Howco Lite poz down casing annulus at 250 psi. Over-displaced with 2 bbls. water. Finished at 9:00 a.m.

ATTACHMENT: Copy of Halliburton Invoice

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED [Signature] TITLE Production Manager DATE 10-31-75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 5 1975

CONDITIONS OF APPROVAL, IF ANY:

Filed