

API 001 - 06 318



GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

RECEIVED

SEP - 1 1971

Apply for Patented and Federal lands.  
Apply 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 7. UNIT AGREEMENT NAME  |  |
| 2. NAME OF OPERATOR<br>U. S. Gold Sohio Petroleum Company   |  | 8. FARM OR LEASE NAME<br>Anschutz Farms                                       |  |
| 3. ADDRESS OF OPERATOR<br>428 Midland Savings Bldg., Denver, Colorado 80202   |  | 9. WELL NO.<br>#1   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1930 FWL <i>Plot</i><br>At proposed prod. zone 660 FSL |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat <input checked="" type="checkbox"/> |  |
| 14. PERMIT NO.<br>71-552  |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5052 GR                     |  |
|   |  | 12. COUNTY<br>Adams   |  |
|   |  | 13. STATE<br>Colo.  |  |

COLO. OIL & GAS CONS. COMM.

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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) _____                                  |   |

(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 8/12/71 to 8/19/71

Drilled to TD logged ran DST  
P & A  
200 Sax 600' - 238'  
10 Sax 0 - 30'

|     |                                     |
|-----|-------------------------------------|
| DVR |                                     |
| FJP |                                     |
| 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 <u>Guy W. Tucker</u>                  | TITLE <u>Agent</u>                         | DATE <u>8/31/71</u>    |
| (This space for Federal or State office use) |  |                        |
| APPROVED BY <u>D.V. Rogers</u>               | TITLE <u>DIRECTOR</u><br>O & G CONS. COMM. | DATE <u>SEP 2 1971</u> |
| CONDITIONS OF APPROVAL, IF ANY: <u>9999</u>  |  |                        |

X