

API 001 - 06 318



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**GAS CONSERVATION COMMISSION**  
**DEPARTMENT OF NATURAL RESOURCES**  
**THE STATE OF COLORADO**

**RECEIVED**

SEP - 1 1971

Application for Patented and Federal lands.  
 Application for State lands.

5. LEASE DESIGNATION AND SERIAL NO.  
 6. 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 U. S. Gold Sohio Petroleum Company		8. FARM OR LEASE NAME Anschutz Farms	
3. ADDRESS OF OPERATOR 428 Midland Savings Bldg., Denver, Colorado 80202		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1930 FWL <i>Plat</i> At proposed prod. zone 660 FSL		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 71-552		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5052 GR	
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA SE SW Sec. 19 -3S - 60W		12. COUNTY Adams	
13. STATE Colo.			

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 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 checked="" 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 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"/>



00334140

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

SIGNED *Guy W. Tucker*  
 Guy W. Tucker

TITLE Agent

DATE 8/31/71

(This space for Federal or State office use)

APPROVED BY *D. V. Rogers*  
 CONDITIONS OF APPROVAL, IF ANY: *ggs*

TITLE DIRECTOR  
 U & G CONS. COMM.

DATE SEP 2 1971

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