

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



00241564

FOR OFFICE USE			
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File in duplicate for Patented and Federal lands.
File in triplicate 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR J. W. Gibson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 237, Henderson, Colorado 80640		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 660' from South line and 1,980' from the West line (CSESW) - Section 10 At proposed prod. zone 5,600' or 100' into the J Sand		8. FARM OR LEASE NAME Cole	
14. PERMIT NO. 89-2212		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,392' GR; 4,402 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10 - T9N - R55W	
		12. COUNTY Logan	13. STATE Co

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <input type="checkbox"/>	Plugged & <input checked="" 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.)

18. Date of work 04-07-89 * Must be accompanied by a cement verification report.

Plugs: 15 sacks - 82' to 112'
10 sacks - Surface to 30'
The remainder of the hole was filled with 10 pounds per gallon mud.
Plugged 04-07-89

RECEIVED

SEP 06 1989

COLO. OIL & GAS CONS. COMM.

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

PRINT J. W. Gibson
By [Signature] TITLE Agent DATE 09-05-89
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE Jr. Petrol. Engr. DATE 9/11/89
CONDITIONS OF APPROVAL, IF ANY: