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COLO. OIL &amp; GAS CONS. COMM.

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## OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADOIndicate for Patented and Federal lands.  
Indicate for State lands.

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## 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Petroleum, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 60, Casper, WY 82601		8. FARM OR LEASE NAME Ramrod	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 695' FNL 1955' FWL C/ NE NW At proposed prod. zone		9. WELL NO. 3-1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ramrod	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4552 KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-12N-55W	
		12. COUNTY Logan	13. STATE 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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

## 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	<input checked="" 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 6/2/79

Perforations in "J" Sand from 5813' to 5819' in depth. Ran sand over perms to 5808'. 5 sks. cement to 5764'. Casing Record: 8-5/8" OD 24.0# 159' setting depth, not recovered, 159' left in hole. 5 1/2" OD 14.0# 23.72' to 4958.95', 4827.40' recovered, 107.83' left in well. 5 1/2" OD 15.5# 0' to 23.72', 23.72' recovered, 0' left in well. 5 1/2" OD 15.5# 4958.95' to 5895', 0' recovered, 936.05' left in well. Method of parting - shot. Hole filled with mud laden fluid. Additional Plugs: ran 15 sks. cement 1/2 in 1/2 out of surface casing. Ran 5 sks. cement at surface with a welded steel plate on the stub; cut off 3' below surface.

DVR	<input checked="" type="checkbox"/>
FSP	<input checked="" type="checkbox"/>
NHM	<input type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED [Signature]

TITLE District Production Supt. DATE Aug. 8, 1979

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR

DIRECTOR  
O & G CONS. COMM.

DATE AUG 31 1979



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