

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

JAN 30 1978

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLORADO OIL & GAS CONSERVATION COMMISSION

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injector Well</u> | | 5. LEASE DESIGNATION AND SERIAL NO. | | | | | | | | | | | | | | | | | | | | |
| 2. NAME OF OPERATOR <u>Petroleum, Inc.</u> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | | | | | | | | | | | | | | | | | | |
| 3. ADDRESS OF OPERATOR <u>P.O. Box 340, Kimball, Nebr. 69145</u> | | 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 <u>625' FSL 660' FWL (SW-SW)</u> <u>Sec. 28-12N-55W</u> At proposed prod. zone | | 8. FARM OR LEASE NAME <u>Nelson 'N'</u> | | | | | | | | | | | | | | | | | | | | |
| 14. PERMIT NO. <u>69-64</u> | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4567' K.B.</u> | 9. WELL NO. <u>2-2</u> | | | | | | | | | | | | | | | | | | | | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | 10. FIELD AND POOL, OR WILDCAT <u>Ram Rod</u> | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <u>Injection Well</u></td> <td></td> </tr> </table> | | 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) <u>Injection Well</u> | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>28-12 N- 55W SW-SW</u> |
| 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) <u>Injection Well</u> | | | | | | | | | | | | | | | | | | | | |
| | | 12. COUNTY <u>Logan</u> | | | | | | | | | | | | | | | | | | | | |
| | | 13. STATE <u>Colo.</u> | | | | | | | | | | | | | | | | | | | | |

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 5-16-76

Injection of produced water into J sand formation (Inj. Well)

| | |
|-----|---|
| DVR | |
| FJP | ✓ |
| HHM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| RLS | |
| CGM | |



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

SIGNED [Signature] TITLE Dist. Prod. Supt. DATE 1-27-78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 8 1978

CONDITIONS OF APPROVAL, IF ANY:

File