

OGCC
REV.



00230176

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

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

RECEIVED

JUN 18 1970

COLO. OIL & GAS CONS. COMM.

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"/> dry hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Toltek Drilling Company		6. IF INDIAN, ALLOTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 340 Denver Club Bldg., Denver, Colorado 80202		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 NE SW Section 34; T 3 S; R 58 W At proposed prod. zone C NW NE SW 2310 FS - 1650 FW		8. FARM OR LEASE NAME Jolly
14. PERMIT NO. 70-44		9. WELL NO. 2-A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4851 GR		10. FIELD AND POOL, OR WILDCAT Roman Nose
		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA same as no. 4
		12. COUNTY Adams
		13. STATE Colorado

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 2/3/70 to 2/8/70

Plugged surface casing with 10 sacks top of surface casing
" " " " 15 sacks bottom of surface casing

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	
JAM	<input checked="" type="checkbox"/>
IJD	<input checked="" type="checkbox"/>

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

SIGNED [Signature] TITLE Exec. Vice Pres. DATE 6/17/70

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: O & G CONS. COMM. DATE JUN 19 1970