

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL



File in duplicate for Patented ar
File in triplicate for State lands.

RECEIVED



5. LEASE DESIGNATION & SERIAL NO.

Fee

6. IF 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry hole</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Marshall R. Young Oil Co.</u>		8. FARM OR LEASE NAME <u>Jackson</u>	
3. ADDRESS OF OPERATOR <u>200 N. Harvey, Suite 1300, Oklahoma City, Oklahoma 73102</u>		9. WELL NO. <u>28-9X</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NE SE Section 28-T3S-R58W 1980' FSL & 600' FEL</u> At proposed prod. zone <u>Same</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
14. PERMIT NO. <u>84375</u>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4951' GR</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 28-T3S-R58W 6th P.M.</u>	
		12. COUNTY <u>Adams</u>	
		13. STATE <u>Colorado</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON ☐
REPAIR WELL, ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(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.)

18. Date of work June 11, 1984

* Must be accompanied by a cement verification report.

Plug #1 Set 20 sack cement plug @ bottom of surface casing.

Plug #2 Set 10 sack cement plug @ surface.

WRS	
FJP	
HHM	
JAM	
RCC	
LAR	
CGM	
ED	

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

SIGNED Roy D. Merrill

TITLE District Engineer

DATE June 20, 1984

(This space for Federal or State office use)

APPROVED BY William R. Smith

TITLE DIRECTOR O & G Cons. Comm.

DATE AUG 23 1984

CONDITIONS OF APPROVAL, IF ANY: 7/8