

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL



RECEIVED



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

5. LEASE DESIGNATION & SERIAL NO.  
JUL 18 1984

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.)

COLO

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

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

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) <input 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 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  
Roy D. Merrill

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE AUG 23 1984  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: 7/8