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AS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

00106219

RECEIVED

NOV - 2 1970

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

COLO OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.
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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TOM VESSELS and JIM SNYDER DRLG. CO.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 285 Milwaukee Street, Denver, Colorado 80206		8. FARM OR LEASE NAME JACKSON
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NENE Section 28-T3S-R58W; 660 FNL & 660 FEL At proposed prod. zone		9. WELL NO. 1
14. PERMIT NO. 70-579		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5017GL 5026KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T3S-R58W
		12. COUNTY ADAMS
		13. STATE COLORADO

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"/>	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 October 29, 1970

Verbal permission was obtained to plug and abandoned this well, with the following plus being set:

- 15 Sacks of Cement in bottom of Surface Csg. @ 109'
- 10 Sacks of Cement in top of Surface Csg.



00401305

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

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

SIGNED Robert J. Grandin TITLE Operator-Agent DATE 10/29/70

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 5 1970
G & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: