

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

RECEIVED

JUL 23



00395994

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

COLORADO OIL & GAS CONSERVATION

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>		5. LEASE DESIGNATION AND SERIAL NO. COMM.	
2. NAME OF OPERATOR <u>Double Eagle Pet. and Mining Co., Griffin Oil & Gas</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>550 Petroleum Club Bldg. Denver, Colorado 80202</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>660 FSL 660 FWL</u> <u>At surface</u> <u>Sec. 32 T3S, R59W</u> <u>At proposed prod. zone Adams County, Colorado</u>		8. FARM OR LEASE NAME <u>Rico</u>	
14. PERMIT NO. <u>74-171</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5029 KB 5023 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Lone Tree</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 32: T3S, R59W</u>	
		12. COUNTY <u>Adams</u>	
		13. STATE <u>Colo.</u>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPIETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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.)

Date of work April 6, 1974

Hole filled with heavy mud, placed 15 sack plug at base of surface casing, half-in- half out; placed 10 sack plug at surface.

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	<input checked="" type="checkbox"/> Plot
CGM	<input type="checkbox"/>

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

SIGNED Michael S. Webster
Michael S. Webster

TITLE Agent

DATE 7-22-74

(This space for Federal or State office use)

DIRECTOR

APPROVED BY W. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUL 25 1974