

081-06086

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OIL AND GAS CONSERVATION COMMISSION
THE STATE OF COLORADO

JUN 25 1969

Indicate for Patented and Federal lands.
Indicate for State lands.

COLO. OIL & GAS CONS.

5. LEASE DESIGNATION AND SERIAL NO.

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 type="checkbox"/>	
2. NAME OF OPERATOR Sun Oil Company	
3. ADDRESS OF OPERATOR P.O. Box 1798, Denver, Colorado 80201	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C NE Sec.31-8N-90W - 1320' from NL and 1320' from EL At proposed prod. zone same	
14. PERMIT NO. 69279	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6620 Gr.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
7. UNIT AGREEMENT NAME -
8. FARM OR LEASE NAME W.W.McWilliams "A"
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT North Craig - North
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.31-8N-90W
12. COUNTY OR PARISH Moffat
13. STATE Colorado

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

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 type="checkbox"/>
(Other)	Well History		

(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 _____

Spudded well @ 2:30 p.m. 6-14-69. Ran & cmted 8-5/8" surf csg, CS-328', used 140 sks cmt, cmpt 4:30 p.m. 6-15-69, Tstd csg w/ 500#, O.K.

DST #1 3337/3427' 1/2 x 15/16" chks, open 120 mins, immed. strong blow w/ GTS in 12 mins, meas. 129 MCF/D, rec. 90' drlg mud, BHPO-58/64#, BHPC-int. 60 mins 1331#, final 90 mins 1172#, MW-1689/1672#. Ran logs.

✓ 6-22-69: Prep to set the following cement plugs.

20 sack plug 3275/3340'

20 sack plug 274/328'

10 sack plug surface.

TD: 3427'

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
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

L.L.Jester

TITLE Office Supervisor, Oper.
Dept.

DATE 6-23-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

JUN 26 1969



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