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APR 29 1985



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

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

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.)

5. LEASE DESIGNATION & SERIAL NO.  
**COLO. OIL & GAS CON. COMM.**

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Fedinec**

9. WELL NO.  
**1-14**

10. FIELD AND POOL, OR WILDCAT  
**Buck Peak**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 14-6N-90W**

12. COUNTY  
**Moffat**

13. STATE  
**Colorado**

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ **DRY HOLE**

2. NAME OF OPERATOR  
**DYCO PETROLEUM CORPORATION**

3. ADDRESS OF OPERATOR  
**7130 South Lewis Suite #300, Tulsa, OK 74136**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface **660' FWL & 990' FSL**  
At proposed prod. zone **same**

14. PERMIT NO.  
**841423**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**6813.9' GL, 6829' KB**

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 \_\_\_\_\_ \* Must be accompanied by a cement verification report.

Plan to plug and abandon the well, well was drilled to a T.D. of 7700' and well was dry.  
Planning to move onto location to plug dry hole 04/30/85.

Verbal called in.

WIS
KJP
HWV
JAN
RCC
LAB
CGM
ED

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

SIGNED Cedric Palmer TITLE Drilling Department DATE 04/22/85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE APR 30 1985  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: