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APR 29 1985



00213043

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.

5. LEASE DESIGNATION & SERIAL NO.

COLO. OIL & GAS CON. COMM.

6. IF INDIAN, ALLOTTEE OR TRUST 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.)

7. UNIT AGREEMENT NAME

1. OIL WELL GAS WELL OTHER DRY HOLE

8. FARM OR LEASE NAME

2. NAME OF OPERATOR
DYCO PETROLEUM CORPORATION

9. WELL NO.

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

10. FIELD AND POOL, OR WILDCAT

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14-6N-90W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY

13. STATE

841423

6813.9' GL, 6829' KB

Moffat

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"/>
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) <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 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	
LAP	✓
CGM	
ES	

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

SIGNED Celia 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:

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