

00554762



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

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

COLO. OIL & GAS CONS. COMM. COLO. OIL & 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>J-W Operating Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 305, Wray, Colorado 80758</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>600 FN & WL</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>M. Foltz</u>	
14. PERMIT NO. <u>811446</u>		9. WELL NO. <u>1-33</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3950 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>33-19S-45W</u>	
		12. COUNTY <u>Kiowa</u>	13. STATE <u>Colorado</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"/>	FULL 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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" 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.)

Date of work October 12, 1981

Plugged well with 30 sacks of cement at bottom of surface casing and 10 sacks at surface.

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

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

SIGNED Mark D. Westerman TITLE ENGINEER

DATE October 28, 1981

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
O & G Cons. Comm.

DATE NOV 19 1981

CONDITIONS OF APPROVAL, IF ANY: