

OIL A

SSION

RECEIVED

REV. 7-64



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

AUG 15 1969

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		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Enbrook Oil and Gas Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>622 Patterson Building 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.) At surface At proposed prod. zone <u>860' FNL</u> <u>1720' FWL</u>		8. FARM OR LEASE NAME <u>Jolly</u>
14. PERMIT NO. <u>69-478</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>GL 4754</u>	9. WELL NO. <u>#1</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
NOTICE OF INTENTION TO:		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>SE NW Sec. 23 3S 55W</u>
SUBSEQUENT REPORT OF:		12. COUNTY OR PARISH 13. STATE <u>Washington Colorado</u>

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.)

Date of work 8/13/69

Filled with heavy drilling fluid
15 sax bottom of Surface pipe
10 sax top of Surface pipe

DVR	<input checked="" 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

Guy W. TuckerTITLE AgentDATE 8/14/69

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

AUG 18 1969

CONDITIONS OF APPROVAL, IF ANY:



00416069

requested plat