

RECEIVED

NOV 18 1985

OGCC FORM

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

THE STATE OF COLORADO

REV.



00229679

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

5. LEASE DESIGNATION AND SERIAL NO.  
Patented

6. IF INDIAN, ALLOTTEE OR TRIBE 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Conoco Inc.		8. FARM OR LEASE NAME Duvall et al	
3. ADDRESS OF OPERATOR 907 North Poplar Street, Casper, WY 82601		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FNL, 1,980' FWL (SE/NW) At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Big Beaver/J-2 Sand	
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 9, T3S, R56W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,692'		12. COUNTY Washington	13. STATE CO

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Location Restoration</u> <input checked="" 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 10/24/85

The above reference location has been restored to the satisfaction of the landowner.  
See attached affidavit from landowner.

WRS	
FJP	
HMM	
JAM	
POC	
LAP	
OGM	
E.D.	

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Administrative Supervisor DATE November 14, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE D. DIRECTOR DATE NOV 19 1985  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

COGCC (3), BLM-Canon City (2), Well File (SCE)

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