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CONSERVATION COMMISSION
STATE OF COLORADOSite for Patented and Federal lands.
Duplicate for State lands.

RECEIVED

MAY - 8 1970

COLO.

5. LEASE DESIGNATION AND SERIAL NO.

OIL & GAS CONS. COMM.
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 ☐ GAS WELL ☐ OTHER ☒ Dry Hole

2. NAME OF OPERATOR

William A. Sidwell, Jr.

3. ADDRESS OF OPERATOR

2503 1st Nat'l Bank Bldg - Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface 1/4 sec 4 nw/4 sec 5- T3S-R56W

At proposed prod. zone

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Downing

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

5-3S-56W

14. PERMIT NO.

70-157

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

4748 G.L.; 4754 K.B.

12. COUNTY OR PARISH
Washington

13. STATE

colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☒ABANDONMENT ☐(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.)

Drilled to Total Depth of 5254 (log)

Set plug at bottom of surface pipe - 15 sacks & another
plug (10 sacks) at top of surface casing.

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



00400705

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

SIGNED

TITLE Operator

DATE 5/07/70

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

MAY 11 1970

CONDITIONS OF APPROVAL, IF ANY: