

(121-09946)

OGCC FORM 4

REV. 7-64

OIL AND

DEPT

OF THE STATE OF COLORADO

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



99999999

ON

RECEIVED

AUG 22 1983

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. COLO. OIL & GAS CONS. COMM	
2. NAME OF OPERATOR J. W. Nylund		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 5680 So. Syracuse Circle, #502, Englewood, CO 80111		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 1980' FEL, 1980' FNL; C SW NE 34-T3S-R55W At proposed prod. zone		8. FARM OR LEASE NAME Peterson	
14. PERMIT NO. 83 836		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4884' GL; 4896' KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C SW NE 34-T3S-R55W	
		12. COUNTY 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.)

Date of work August 14, 1983

Plugged with 25 sacks in bottom, 10 sacks in top.

Plugging report attached.

FILED  
SEP  
OCT  
NOV  
DEC  
JAN  
FEB  
MAR  
APR  
MAY  
JUN  
JUL  
AUG  
SEP  
OCT  
NOV  
DEC

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

SIGNED

*Lanette C. Smith*

TITLE

*Office Manager*

DATE

*8/18/83*

(This space for Federal or State office use)

APPROVED BY

*William Smith*

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

AUG 30 1983

CONDITIONS OF APPROVAL, IF ANY:



00416145