



00400474

REV. 7-64

COLO. OIL & GAS CONSERVATION COMMISSION DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

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

RECEIVED

DEC 27 1985

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. OIL WELL <input checked="" 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 5660 S. Syracuse Circle, #514, 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 660' FSL; 605' FWL; SW SW Sec. 13-T3S-R55W		8. FARM OR LEASE NAME Gade	
At proposed prod. zone SAME		9. WELL NO. #1	
14. PERMIT NO. 85-1333		10. FIELD AND POOL, OR WILDCAT Mescalero	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4797' GL, 4809' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW SW Sec. 13-T3S-R55W	
		12. COUNTY Washington	
		13. STATE CO	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input 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 type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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 11/16/85

WELL WAS PLUGGED WITH 20 SACKS CEMENT IN BOTTOM OF SURFACE CASING AND 10 SACKS IN TOP AS PER TELEPHONE INSTRUCTIONS FROM HACK MORRELL, COLORADO OIL AND GAS CONSERVATION COMMISSION.

WRS	
FJP	
HMM	
MM	<input checked="" type="checkbox"/>
RCC	<input checked="" type="checkbox"/>
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED Mei Christensen

TITLE Drilling & Prod. Admin.

DATE 12/16/85

(This space for Federal or State office use)

APPROVED BY William R. Smith

TITLE O & G Cons. Comm.

DATE JAN 30 1986

CONDITIONS OF APPROVAL, IF ANY: