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WATER CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
STATE OF COLORADO

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

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 checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Patrick A. Doheny		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 136 El Camino, Beverly Hills, California 90212		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 1830' from north line & 1980' from east line (SW/4 NE/4) At proposed prod. zone Approximately the same.		8. FARM OR LEASE NAME Hass
14. PERMIT NO. 72-740	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gr. 4775' KB 4785'	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14, 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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 9-23-72

Spudded: 9-19-72

Surface Casing: 8-5/8", 24#, at 141' with 110 sacks cement

Plugged: 9-23-72

Procedure: 15 sack cement plug at bottom of surface casing and 10 sack cement plug at surface. Permission to plug granted by Doug Rogers.



DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
NHM	<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 <u>G. W. Reed</u> (This space for Federal or State office use)	TITLE <u>Agent</u>	DATE <u>11-9-72</u>
APPROVED BY <u>Doug Rogers</u> CONDITIONS OF APPROVAL, IF ANY:	TITLE <u>DIRECTOR O &amp; G CONS. COMM.</u>	DATE <u>NOV 15 1972</u>