

LOCATION S/2 NW/4 NW 17.35, SSW
OPERATOR DW Nyland
WELL NAME Jolly 1-A

FIELD WC
COUNTY Washington
FORMATION _____



DATE OF INSPECTION DURING DRILLING: _____

RIG _____ SURFACE CASING: _____
BOP'S _____ DEPTH _____ WOC _____
CONTACT _____ CMT VOL _____ RETURNS _____
ADEQUATE AQUIFER PROTECTION? _____
COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: _____ PRODUCTION STRING: _____
CBL CHECKED? _____ DEPTH _____ STAGED _____
WATER DISPOSAL METHOD _____
PITS: PERMIT _____ TDS _____ SKIM TANK _____
DIMENSION: _____ SCREEN: _____ LINER: _____

LEASE SIGN: _____ TANK ID: _____ FENCED? _____
SURFACE EQUIPMENT: _____

DATE OF FINAL P&A INSPECTION 10/30/85

PLUG 1 35 SX @ 4970 SURFACE RECLAIMED? yes
PLUG 2 20 SX @ bottom of surface SITE CLEAN? yes
PLUG 3 10 SX @ surface LANDOWNER RELEASE? _____

INSPECTOR KCB

PEA INSP.

RECEIVED

JUL 11 1985

OIL AND 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.

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jolly

9. WELL NO.
1-A

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 17-T3S-R55W

12. COUNTY
Washington

13. STATE
CO

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

2. NAME OF OPERATOR
J. W. NYLUND

3. ADDRESS OF OPERATOR
5660 S. Syracuse Circle, #514, Englewood, CO 80111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 900' FNL, 660' FWL; S/2 NW NW
At proposed prod. zone SAME

14. PERMIT NO.
85-775

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4691' GL, 4699' KB

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) <input type="checkbox"/>	

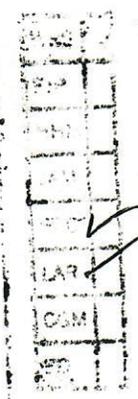
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 7/04/85

Well was plugged with 35 sx at 4970';
20 sx at bottom of surface casing, 1/2 in 1/2 out;
10 sx on top.

As per telephone instructions from William Smith, Director, Colorado Oil and Gas Conservation Commission.



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

SIGNED Melva A. Christensen TITLE Drilling & Prod. Admin. DATE 7/09/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: