



00229541

STATE OF COLORADO  
AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

FEB 4 1986

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

5. LEASE DESIGNATION &amp; SERIAL NO.

# 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"/>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                           |                       |
| 2. NAME OF OPERATOR<br>Transcontinent Oil Company   |  | 7. UNIT AGREEMENT NAME   |                       |
| 3. ADDRESS OF OPERATOR<br>621 17th Street, Suite 1201, Denver, CO 80293   |  | 8. FARM OR LEASE NAME<br>Jolly                                 |                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1680' FEL, 660' FSL<br>At proposed prod. zone Same |  | 9. WELL NO.<br>#1-8  |                       |
| 14. PERMIT NO.<br>85-1562   |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                      |                       |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>K.B.-4677', G.L.-4668'  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>8-T3S-R55W |                       |
|   |  | 12. COUNTY<br>Washington                                       | 13. STATE<br>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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL.

CHANGE PLANS.

(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.)

18. Date of work November 11, 1985

\* Must be accompanied by a cement verification report.

The #1-8 Jolly well was plugged and abandoned on November 11, 1985. As per State of Colorado request, 10 sacks of cement were placed at the bottom of the surface casing and 20 sacks of cement were placed in the top of the surface casing.

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

SIGNED

TITLE

Geologist

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

FEB 10 1986

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.