

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

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

RECEIVED
JUL 26 1976
COLO. OIL & GAS CONS. COMM.



(Drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

NOTICES AND REPORTS ON WELLS

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Helmerich & Payne, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 558, Garden City, Ks 67846		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 C, NW, NW, Sec. 11, T3S, R56W, Washington Co., Colorado At proposed prod. zone Same as above.		8. FARM OR LEASE NAME Downing	
14. PERMIT NO. 76 602		9. WELL NO. 1-11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Ground 4770		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11, T3S, R56W, 6th P.M.	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Running Surface Casing <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 7-19-76

Drilled 12 1/4" hole from surface to 174'. Ran 4 joints (160.62') 8-5/8" 24#/ft J-55, Class "A" casing and set at 169' RKB. Cemented casing with 150 sacks regular cement with 3% Calcium Chloride. Circulated 45 sacks cement at surface. Plug down at 10:30 P.M. 7-19-76.

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	✓
GCH	
CGM	

18. I hereby certify that the foregoing is true and correct
SIGNED Don Carroll TITLE Dist. Production Superintendent DATE 7-22-76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
O & G CONS. COMM. DATE JUL 28 1976

CONDITIONS OF APPROVAL, IF ANY:

[Handwritten signature]