



99999999

GAS CONSERVATION COMMISSION
THE STATE OF COLORADOuplicate for Patented and Federal lands.
uplicate for State lands.

RECEIVED

MAR 24 1971

5. LEASE DESIGNATION AND SERIAL NO.

CO OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

JIM SNYDER DRG. CO.-CENTENNIAL OIL-SO. TEXAS DEV. CO.

3. ADDRESS OF OPERATOR

416 C. A. JOHNSON BUILDING, DENVER, COLORADO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface 1,980' FWL, 660' FSL

At proposed prod. zone

SAME

C SW SE

14. PERMIT NO.

71-130

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4,731.3' G.L.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GILBERT

9. WELL NO.

#1-A

10. FIELD AND POOL, OR WILDCAT

WEST FORK

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-3S-55W

12. COUNTY OR PARISH

WASHINGTON

13. STATE

COLORADO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(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 perti-
nent to this work.)PUMPED HEAVY MUD FROM PITS TO HOLE. PLUGGED WITH 15 SACKS ACROSS BASE
OF SURFACE (65'), AND 10 SACKS AT SURFACE.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<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

TITLE

OWNER

DATE

3-22-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

MAR 26 1971

CONDITIONS OF APPROVAL, IF ANY:



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