

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL OF THE STATE OF CO



00594851

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

RECEIVED

JUL 25 1983

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR ANR Production Company</p> <p>3. ADDRESS OF OPERATOR 717 17th St - Suite 2500, Denver, Colorado 80202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1320' FNL, 1320' FEL At proposed prod. zone Same</p> <p>14. PERMIT NO. 76-587</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. C.O. Cogburn of Utah</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A</p> <p>7. UNIT AGREEMENT NAME N/A</p> <p>8. FARM OR LEASE NAME Cogburn Weco</p> <p>9. WELL NO. 1-6</p> <p>10. FIELD AND POOL, OR WILDCAT Walsh Playa Field</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 6, T33S, R43W</p> <p>12. COUNTY Baca</p> <p>13. STATE CO</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3972' est GL</p>	

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) <input type="checkbox"/>	

(Other) Plug and Abandon

(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 proposed operation to commence August 1983

Operator proposes to plug referenced well as follows:

- A. Squeeze perf interval 3106-3188' w/50 sxs cmt
- B. Spot 35 sxs cmt plug @ 1200'
- C. Set CIBP @ 175' and cap w/10 sxs cmt
- D. Cut off conductor pipe, 8-5/8" csg & 4-1/2" csg 3' to 4' below GL
- E. Place 10 sx cmt plug in 4-1/2" csg stub
- F. Cap 4-1/2" csg & 8-5/8" csg w/1/2" steelplate welded 360°
- G. Fill cellar, close pit, reclaim location and access road.

DVR	
EUP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
ROC	
LAR	<input checked="" type="checkbox"/>
GCM	

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

SIGNED <u>L. P. Streeb</u>	TITLE <u>Dist Production Supt.</u>	DATE <u>7-22-83</u>
(This space for Federal or State office use)		
APPROVED BY <u>William R Smith</u>	TITLE <u>DIRECTOR</u> <u>O & G Cons. Comm.</u>	DATE <u>AUG 2 1983</u>

CONDITIONS OF APPROVAL, IF ANY: