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OGCC FORM 4



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

**TIGHT HOLE** OIL & GAS CONSERVATION COMMISSION

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

**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"/> P&A   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 2. NAME OF OPERATOR<br>TXO Production Corp.  | 7. UNIT AGREEMENT NAME   |
| 3. ADDRESS OF OPERATOR<br>1800 Lincoln Center Bldg., Denver, Colorado 80264  | 8. FARM OR LEASE NAME<br>Celsius Lexicon STATE                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>At proposed prod. zone 660' FEL, 1320' FNL; Sec. 20, T19S-R47W | 9. WELL NO.<br>1-20  |
| 14. PERMIT NO.   | 10. FIELD AND POOL, OR WILDCAT<br>Nee Noshe                            |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>KB 4008, GL 3998   | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 20, T19S-R47W |
|  | 12. COUNTY<br>Kiowa  |
|  | 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 <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 checked="" type="checkbox"/>   | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (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.)

Date of work Dec. 23, 1982

7-7/8" hole plugged as follows:

- 35 sxs cmt @4000'
- 35 sxs cmt @550'
- 10 sxs cmt @40'
- 5 sxs in RH
- 5 sxs in MH

Plug down at 5:10 PM 12/23/82

|     |
|-----|
| DVR |
| FJP |
| HHM |
| JAM |
| JJS |
| RLS |
| CCM |

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

SIGNED Frank D. Tsuru TITLE Petroleum Engineer DATE 1/14/83

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 3 1983

CONDITIONS OF APPROVAL, IF ANY:

