

OIL AND GAS CONSERVATION CO
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

00593091

RECEIVED

JAN 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. FIELD DESIGNATION AND SERIAL NO. Fee - Tract 20 Committed	
2. NAME OF OPERATOR ARCO Oil and Gas Company, Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 707 - 17th Street, P.O. Box 5540, Denver, Colorado 80217		7. UNIT AGREEMENT NAME Sheep Mountain Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW, 2500' FSL & 1490' FWL, Sec. 14 At proposed prod. zone TD - Approx. 681' FSL & 389' FEL, Sec. 15 API #05-055-6032		8. FARM OR LEASE NAME Sheep Mountain Unit	
14. PERMIT NO. Mr. Guynn Colo. 76 100 2-17-76		9. WELL NO. 8-14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8281' GL		10. FIELD AND POOL, OR WILDCAT Sheep Mtn. Area	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14 27S 70W	
		12. COUNTY OR PARISH Huerfano	
		13. STATE Colorado	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) Restoration of Location <input checked="" 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.)

Improved drainage of location, 9-26-82.

Location was fenced. Job completed 11-24-82.

Seeded location with 35.6# P-mix, 10-1-82.

Awaiting final inspection of location.

DVR	
FJP	
HHM	
JAM	
JJD	
ELS	
GM	

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

SIGNED Stephen Rose
S. C. ROSETITLE Dist. Prod. Supt.DATE January 7, 1983

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR
O & G Cons. Comm.DATE JAN 31 1983