

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



RECEIVED
JAN 03 1983

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Horizon Oil & Gas Co. of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 7, Spearman, Texas 79081		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 1980' FNL 1980' FWL At proposed prod. zone		8. FARM OR LEASE NAME Cook "A"	
14. PERMIT NO.		9. WELL NO. 1-9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3957' GL		10. FIELD AND POOL, OR WILDCAT Walsh Frank NW	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		11. SEC., T., R., M., GR BLK. AND SURVEY OR AREA Sec. 9-33S-43W	
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.) Permission to Plug by Frank Pero 12-13-82		12. COUNTY Baca	
18. Date of work 12-21-82		13. STATE Colorado	

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)	

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 checked="" type="checkbox"/>
(Other)	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

* Must be accompanied by a cement verification report.
Halliburton #057058 attached
" B-228976 "

2 7/8" Casing left in Hole.
Hole filled with Fluid.
1st Plug 40 SX Cement 3204' to 1295'.
2nd Plug 15 SX Cement 490' to Surface.
Cut off 8 5/8" 3' below surface.
Weld on Cap.

EXHAUSTED
GAS WELL

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
RLS	
CGM	

19. I hereby certify that the foregoing is true and correct
SIGNED Frank Pero TITLE Production Manager DATE 12-28-82

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR
O & G Cons. Comm. DATE JAN 18 1983
CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials and marks at the bottom left corner.