

JUN 1 1982

File in duplicate for  
File in triplicate for



& GAS CONS. COMM.

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>		5. LEASE DESIGNATION & SERIAL NO.
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>PTA</u></p>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
<p>2. NAME OF OPERATOR <u>COLO. OIL &amp; GAS COMS. COMM.</u></p>		7. UNIT AGREEMENT NAME
<p>3. ADDRESS OF OPERATOR <u>Sage Drilling Company, Inc.</u></p>		8. FARM OR LEASE NAME <u>Doke</u>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660 FSL - 660 FEL</u> At proposed prod. zone <u>same</u></p>		9. WELL NO. <u>1-8</u>
<p>14. PERMIT NO. <u>80-142</u></p>		10. FIELD AND POOL, OR WILDCAT <u>7</u>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>KB 3964'</u></p>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 8 - T33S - R43W</u>
<p>12. COUNTY <u>Baca</u></p>		13. STATE <u>Colo</u>

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 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.)

18. Date of work \* May, 1982 \* Must be accompanied by a cement verification report

DVR	
FJP	
HMM	
JAM	✓
JJD	
RLS	
CGM	

\* When approval to abandon is received, operations to PTA will commence per O&GCC commissioner's instruction.

Prod. Csg. - 3417' (92 jts. 4 1/2 inch, 10.5#, K55)  
 PBD - 3417  
 Perf's - 3050-60'  
 initial prod - Jan 13, 1981  
 SI - Dec 30, 1981  
 858 to 1284'

37' avg.  
 92 | 3417  
 276  
 ---  
 659  
 244

303 866-3531

BEST COPY AVAILABLE

DVR	
FJP	
HMM	
JAM	
JJD	
RLS	
CGM	

19. I hereby certify that the foregoing is true and correct  
 SIGNED Rick Jones TITLE District Geologist DATE 5-3-82

(This space for Federal or State office use)  
 APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE MAY 20 1982

- CONDITIONS OF APPROVAL, IF ANY:
- Run 15 sacks cement over perforations.
  - Cut and pull 4 1/2" casing.
  - Run 20 Sacks cement at base of surface casing.
  - Run 10 sacks at surface and weld on plate.

620  
 17  
 ---  
 3100  
 620  
 ---  
 9300

93  
 3  
 ---  
 279

2"