

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO



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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Sage Drilg. Co. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 6635 S. Dayton Ste, #10, Englewood Co. 80111		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 At proposed prod. zone 660 FSL & 660 FEL		8. FARM OR LEASE NAME Doke	
14. PERMIT NO. 80-142		15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3964'	
12. COUNTY Baca		13. STATE Co.	

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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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 checked="" type="checkbox"/>
(Other) <input 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.)

Date of work Completed 7-31-1982

Pumped 1 sk. hulls & 15 sks. cement to 2840' - pressured to 750 lbs.
Cut 4 1/2" @ 1806' & layed down to 1200'
Pumped 20 sks. cement 1200' to 1130'
Layed down rest of 4 1/2" casing
Put bridge & 10 sks. 40' to 0'
Cut off 8 5/8", 3' below ground level & weld plate on same

EXHAUSTED
GAS WELL

DVR	
REP	
HHM	
JAN	
JUB	
RES	
DSM	

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

SIGNED Edgar J. Lues

TITLE Owner - Operator - Midwest Casing DATE 7-31-82

(This space for Federal or State office use)

APPROVED BY D. V. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O. & G. Cons. Comm.

DATE

AUG 18 1982