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

COLO. OIL & GAS CONG.

5. LEASE DESIGNATION AND SERIAL NO.

C 04283

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

--

8. FARM OR LEASE NAME

Colorado

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Rangely Mancos

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12, T1N, R102W

12. COUNTY OR PARISH

Rio Blanco

13. STATE

Colorado

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"/>	
2. NAME OF OPERATOR	PHONE
Tranco Oil Corporation	675-8974
3. ADDRESS OF OPERATOR	
P. O. Box 487, Rangely, Colorado 81648	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	
At surface 200 ft. west of east line & 2165 ft. north of	
At proposed prod. zone south line, NE/4 of SE/4 Sec. 12, T1N, R102W,	
Mancos Shale 6th P.M.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
66488	5200 ft. ground

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 checked="" 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"/>	

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) <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.)

Propose to set 361 feet of 7", 20# casing to shut off water zones. Work to be done about January 10, 1967.

DVR	
WRS	
HHM	
JAM	
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	

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

SIGNED

TITLE Vice-President

DATE 1-8-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

FEB 8 1967

CONDITIONS OF APPROVAL, IF ANY: