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103-07001

U.S. CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
STATE OF COLORADO

RECEIVED

SEP 21 1970

COLO. OIL & GAS CONS. COMM.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. Denver - 033804 (B)
2. NAME OF OPERATOR Frank Mead	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 592 - Rangely, Colorado 81648	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 1529' North of South line and 2450' East of West line of Section 11. At proposed prod. zone NE SW	8. FARM OR LEASE NAME G & M
14. PERMIT NO. 67-5	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Rangely - Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-1N, R-102W 6th P.M.
	12. COUNTY Rio Blanco
	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 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 _____

Dry and abandoned. Filled hole with shale 39'.
Set 10 sacks cement plug thru based surface casing. Set 5 sacks
cement plug at surface and erected marker.

DVR	<input checked="" type="checkbox"/>
FIP	<input checked="" type="checkbox"/>
HIM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JID	<input checked="" type="checkbox"/>



00044027

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

SIGNED

Frank Mead

TITLE

Owner

DATE

Sept. 18, 1970

(This space for Federal or State office use)

APPROVED BY

Mr. Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

SEP 29 1970

CONDITIONS OF APPROVAL, IF ANY:

Counted as plugged
1967.