

OIL AND GAS COMMISSION  
DEFINITION OF RESOURCES  
COLORADO

File in duplicate for Patented and Federal lands.  
File in duplicate for State lands.

RECEIVED

OCT 26 1978



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 type="checkbox"/> OTHER <u>Wildcat</u>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Willard H. Pease</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 548, Grand Junction, Colo. 81501</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space below.) <u>At surface 2051' FNL 1994' FWL</u> <u>Sec. 6 T2N R3W U.M.</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>T. John Baer</u>
14. PERMIT NO. <u>781016</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4649' Grd.</u>	9. WELL NO. <u>#1</u>
		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 6 T2N R3W U.M.</u>
		12. COUNTY <u>Mesa</u>
		13. STATE <u>Colorado</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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Change of Operator

(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 \_\_\_\_\_

Change of operator from Walter S. Fees, Jr. to Willard H. Pease

DVR	
FAP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED Walter S. Fees, Jr. TITLE \_\_\_\_\_ DATE 10/4/78

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE OCT 26 1978

CONDITIONS OF APPROVAL, IF ANY:

*Change effective when Pease's bond comes in.*