



99999999

103-07168
 U.S. CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
 STATE OF COLORADO

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

RECEIVED

JUL 21 1977

OIL & GAS CONS. COMM.

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 -032682A	
2. NAME OF OPERATOR Three States Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 29157 Thornton, Colorado 80229		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 Southwest Quarter Northeast Quarter= SWNE 2100' south of north line and 1950' west of east line.		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. Federal 51-x	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5303 Gr		10. FIELD AND POOL, OR WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Range 11 IN 102 west	
		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 checked="" 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 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 — Soon as a Rig is available —

Re-Work Well

A present test indicates the Well warrants cleaning out and testing, rather than abandoning. Therefore we propose to clean out the Well and if tests prove that Well will Make commercial production Well will be placed into production with all necessary equipment to produce.

DVR
FJP
HHM
JAM
JJD
RLS
CC



00043927

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

SIGNED L. A. LebauerTITLE ownerDATE 7/19/77

(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 JUL 27 1977