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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

REV. 7-64

COLO. OIL & GAS CONS. COMM.

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

5. LEASE DESIGNATION AND SERIAL NO.



04
RIBB NAME

00650719

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 <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>JDM DRILLING</i>		8. FARM OR LEASE NAME <i>J.V. DOUGHTRY</i>	
3. ADDRESS OF OPERATOR <i>814 S. 7th GRAND JUNCTION, CO.</i>		9. WELL NO. <i>#1</i>	
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		10. FIELD AND POOL, OR WILDCAT <i>WILDCAT</i>	
14. PERMIT NO. <i>79691</i>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4582</i>	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <i>SEC 28, T 2NR3W</i>	12. COUNTY <i>MESA</i>
			13. STATE <i>Colo.</i>

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 *AUGUST 1980*

*Drilled to 1285'. STUCK PIPE IN HOLE + TWISTED OFF.
LOST 1125' FT. OF DRILL PIPE IN HOLE. ~~CEMENTED~~ UNABLE TO RETRIEVE.
CEMENTED FROM TOP OF BROKEN PIPE TO SURFACE
WITH 16 SACKS CEMENT.*

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

*no CV needed.
junked hole*

18. I hereby certify that the foregoing is true and correct
SIGNED *Donald J. Keal* TITLE *Dir.* DATE *5-3-80*

(This space for Federal or State office use)
APPROVED BY *[Signature]* TITLE *DIRECTOR O & G CONS. COMM.* DATE *MAY 13 1980*
CONDITIONS OF APPROVAL, IF ANY:

X

UNIT NUMBER OR TELEPHONE NUMBER

MAILING ADDRESS

DATE

DATE

(Check appropriate boxes for other pages sent)

RECEIVED

DATE

DATE

IF A CHECK IS MADE BY THE DEPARTMENT OF THE COLLECTOR

Verification not needed on this one, junked hole, Jim

11. NUMBER OF SHEETS
12. NUMBER OF PAGES
13. NUMBER OF PLATES
14. NUMBER OF FIGURES
15. NUMBER OF TABLES
16. NUMBER OF APPENDICES

COVER	
INTRO	
TEXT	
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TABLES	
FIGURES	
OTHER	

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NOTICE AND REPORT ON WELLS

DEPARTMENT OF NATURAL RESOURCES
OIL AND GAS CONSERVATION COMMISSION

NEA 1-60

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