



00044002

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

RECEIVED

OCT 20 1969

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

COLO. OIL &amp; GAS CONSERVATION COMMISSION

CLASSIFICATION AND SERIAL NO.

Denver - 033804 (B)

## 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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Frank Mead	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 592	8. FARM OR LEASE NAME 033804 (B)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800' from W line and 1908' from S line of Sec. 11 At proposed prod. zone	9. WELL NO. G & M #4
14. PERMIT NO. 69 483	10. FIELD AND POOL, OR WILDCAT Rangely - Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-1N, R-102W 6th PM
	12. COUNTY OR PARISH Rio Blanco
	13. STATE Colo.

## 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 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 \_\_\_\_\_

We have run 269.44' of 8 5/8" pipe and are now at a depth of 1,650'.

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

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

SIGNED Frank Mead TITLE Operator DATE 10-15-69

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE OCT 21 1969  
CONDITIONS OF APPROVAL, IF ANY: