

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

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

RECEIVED

NOV 5 1973

## 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 checked="" type="checkbox"/> Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Three States Oil Company		8. FARM OR LEASE NAME Rangely	
3. ADDRESS OF OPERATOR Suite 217 10465 Melody Bldg Northglenn, Colorado 80234		9. WELL NO. 151 M	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1955' south of north line and 2160' west of east line <u>SW</u> <u>SE/NE</u> ?		10. FIELD AND POOL, OR WILDCAT Rangely Field	
14. PERMIT NO. 69 31		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5303' Gr	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11 IN 102 West	
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.)		12. COUNTY Rio Blanco	
		13. STATE Colorado	

### 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 checked="" 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 November 12, 1973



00044012

To pull pipe and cement off water section,  
fill with shale to within 15' of top,  
fill top with 15' of cement and place a  
4" pipe 5' above ground in cement for a  
marker.

Abandon according to State and Federal Regulations.

DR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
LID	<input checked="" type="checkbox"/>

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

SIGNED Gene LeRoux

TITLE Owner

DATE 11/2/73

(This space for Federal or State office use)

APPROVED BY Dr. Rogers  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR  
DEPT. NAT. RES. COMM.

DATE NOV 6 1973