

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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



00624187

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Abandoned Location</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>International Nuclear Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>400 Fidelity National Bldg., Okla. City, Okla.</u>		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 <u>1992' FWL &amp; 1962' FSL of Section 12</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Lowe</u>	
14. PERMIT NO. <u>69-404</u>		9. WELL NO. <u>4</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4363' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Golden Spike</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>12-16S-45W</u>	
		12. COUNTY OR PARISH <u>Cheyenne</u>	
		13. STATE <u>Colo.</u>	

### 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 checked="" 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 8/9/69

TD 1653'. Lost circ. Pumped 100 sx plug. Decided to abandon hole. Set 15 sx plug in btm. of 8-5/8" & 10 sx in top of surf. pipe.

DVR	<input checked="" type="checkbox"/>
GIP	<input checked="" type="checkbox"/>
HNM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

*5 not needed*

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

SIGNED John G. Semmes

TITLE Division Manager - Drilling & Operations DATE 8/14/69

(This space for Federal or State office use)

APPROVED BY W. C. Rogers  
CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR

O & G CONS. COMM.

AUG 20 1969

DATE

*drilled 4x - replacement*