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OGCC FORM 4

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



00053599

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

COLO. OIL & GAS CONS. COMM.

LEASE DESIGNATION AND SERIAL NO.

C-14221

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 checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Coseka Resources (USA) Limited		8. FARM OR LEASE NAME Federal
3. ADDRESS OF OPERATOR 1512 Larimer St. Suite 200 Denver, Colorado 80202-1602		9. WELL NO. 2-16-1N-103
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 656' FSL, & 1861' , Sec. 16, T1N, R103W At proposed prod. zone same		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. <u>16-86</u> 822686		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T1N-R103W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5338		12. COUNTY Rio Blanco
		13. STATE Colorado

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Spud Well <input checked="" 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.)

10/31/81

Date of work _____

Spudded well and set 40' of 13 3/8" casing.
Operations commenced 10/31/81 and continued into the morning of 11/1/81.

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

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

SIGNED Dean A. Rogers TITLE Senior Operations Engineer DATE 11-16-81

(This space for Federal or State office use)

APPROVED BY Dean A. Rogers TITLE DIRECTOR O & G Cons. Comm DATE NOV 18 1981

CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials and a checkmark at the bottom of the page.