

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED

JAN 23 1969

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.)

5. LEASE DESIGNATION AND SECTION: COLO. OIL & GAS CONS. COMM.

1. OIL WELL [] GAS WELL [] OTHER Injection
2. NAME OF OPERATOR: Sohio Petroleum Company
3. ADDRESS OF OPERATOR: Box 673, Russell, Kansas 67665
4. LOCATION OF WELL: C NW NE
14. PERMIT NO.
15. ELEVATIONS: 4,520' KB

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME: Zorichak Unit
8. FARM OR LEASE NAME: Zorichak Unit
9. WELL NO.: 2 (2-1)
10. FIELD AND POOL, OR WILDCAT: Zorichak
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 15-T2N-R55W
12. COUNTY OR PARISH: Morgan
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 [] PULL OR ALTER CASING [] WATER SHUT-OFF [] REPAIRING WELL []
FRACTURE TREAT [] MULTIPLE COMPLETE [] FRACTURE TREATMENT [] ALTERING CASING []
SHOOT OR ACIDIZE [] ABANDON [] SHOOTING OR ACIDIZING [] ABANDONMENT []
REPAIR WELL [] CHANGE PLANS [] (Other) Convert to inj. well (held date) [X]
(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.)

10-24-68 Pulled rods and tubing. Connected injection system to well and began injecting water. Water injection down 4-1/2" casing and out perforations 4,994-5,005 1/2'. Casing, 4-1/2" 9.5#, at 5,105' with 150 sacks.

11- 1-68 Injection - 1,282 BWPD at 450 psi pressure.

Table with 2 columns and 5 rows: DVR, FJP, HHM, JAM, JJD. FJP, JAM, and JJD have checkmarks.

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

SIGNED [Signature] TITLE Dist. Supt. DATE 1-21-69

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G CONS. COMM. DATE JAN 24 1969

CONDITIONS OF APPROVAL, IF ANY:



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