



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
MAR 31 1976

COLO. OIL & GAS CONSERVATION

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"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee (P-147949)
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2920, Casper, Wyoming 82602		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 1983' FNL & 663' FWL, SW NW At proposed prod. zone		8. FARM OR LEASE NAME Mitchell "D"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4534' KB	9. WELL NO. 2
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Ruby
NOTICE OF INTENTION TO:		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T2N-R54W
SUBSEQUENT REPORT OF:		12. COUNTY Washington
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"/>		13. STATE Colorado
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"/> (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
(Other) Test D Sand for Additional Gas Recovery		
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 _____

It is proposed to perforate and test two additional zones in the "D" Sand from 4801-05' and 4808-13', for additional gas recovery. An acid treatment will be performed in each zone, and the well will then be returned to producing.

Production Before: 27 BOPD, no wtr, 21 MCFGPD

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	
GCH	
CGM	

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

SIGNED F. C. Morgan TITLE Area Superintendent DATE March 30, 1976

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 5 1976
O & G CONS. COMM.

2 - Colo. O&G CC, Denver, Colo.
1 - File

file