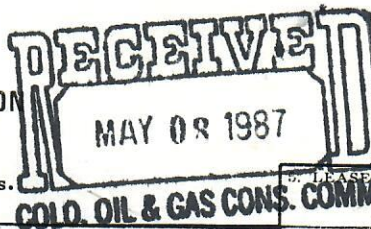




00250944

STATE OF COLORADO  
CONSERVATION COMMISSION  
OF NATURAL RESOURCESFile in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

COLD OIL &amp; GAS CONS. COMM.

LEASE DESIGNATION &amp; SERIAL NO.

## 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Texaco Inc. opr. for Texaco Producing Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2420, Tulsa, OK 74102		8. FARM OR LEASE NAME G. A. Henderson	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone NW NE NW Sec. 18-9N-53W Logan County, Colorado		9. WELL NO. 3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Cedar Creek	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4249' GL - 4258' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-9N-53W	
		12. COUNTY Logan	13. STATE Colo.

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL, ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS. ☐

Perforate Add'l Zone XX

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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.)

18. Date of work Upon Approval

\* Must be accompanied by a cement verification report.

1. Squeeze Dakota "D"
2. Perforate Dakota "J"
3. Acidize & fracture treat
4. Complete as producer.

Submit report of re completion  
+  
New Form 10 if productive



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

SIGNED [Signature]

TITLE Dist. Comm. Engineer

DATE May 5, 1987

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

DATE

MAY 12 1987

CONDITIONS OF APPROVAL, IF ANY: