

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

REV



00250968

Application for Patented and Federal lands.  
Duplicate in triplicate for State lands.

RECEIVED

APR 27 1973

COLORADO OIL & GAS CONSERVATION AND SERIAL NO. COMM.

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Salt Water Disposal</b>		5. LEASE REGISTRATION AND SERIAL NO.	
2. NAME OF OPERATOR <b>Skelly Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>1860 Lincoln St. - Denver, Colorado 80203</b>		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 <b>1653' FNL &amp; 2464' FWL Section 18-9N-53W</b> At proposed prod. zone		8. FARM OR LEASE NAME <b>G. A. Henderson</b>	
14. PERMIT NO.		9. WELL NO. <b>4</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4273' KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Cedar Creek - Dakota "D"</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>18-9N-53W</b>	
		12. COUNTY <b>Logan</b>	
		13. STATE <b>Colorado</b>	

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"/>	FULL 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) _____	
(Other) <b>Convert to Salt Water Disposal X</b>		(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 APPLICATION TO CONVERT TO SALT WATER DISPOSAL

*Never converted to disposal*

DVR	
FJP	
WHM	✓
JAM	✓
JJD	✓

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

SIGNED [Signature] TITLE Dist. Operations Sup't. DATE April 27, 1973

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 21 1973

CONDITIONS OF APPROVAL, IF ANY: