

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

OCT 3 1974

5. LEASE DESIGNATION AND SERIAL NO.
 GOLDEN & GAS CONS. 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"/> Water Disposal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Okmar Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1776 Lincoln Street, Suite 601, Denver, Colorado		8. FARM OR LEASE NAME Huey	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2356' FNL and 1640' FWL, Sec. 29, T2N, R56W At proposed prod. zone Same		9. WELL NO. 16	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Burr	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4413 KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-2N-56W	
		12. COUNTY Morgan	
		13. STATE Colorado	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <u>Installing packer</u> <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.)

Date of work September 24, 1974

Note: Well has been used for produced water disposal down tubing into the "D" Sand through perforations in the 5½" casing from 5178' to 5185'

1. Tubing was pulled from the well.
2. Reran tubing with Howco R-4 production packer on bottom.
3. Set packer at 4997' KB.
4. Return well to injection.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HUM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
ECH	<input type="checkbox"/>
CGM	<input checked="" type="checkbox"/>

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

SIGNED

TITLE

Manager

Production & Engineering

DATE

9/30/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

OCT 4 1974

CONDITIONS OF APPROVAL, IF ANY:

file