

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED

SEP 8 1981



File in duplicate for Patented and Federal lands COLO. OIL & GAS CONS.
File in triplicate for State lands.

LEASE DESIGNATION AND 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 J. W. Nylund		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 5680 S. Syracuse Circle, Room 502, Englewood, CO 80111		8. FARM OR LEASE NAME Smart	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL; 1980' FSL Sec. 10-T2N-R56W At proposed prod. zone Same		9. WELL NO. 1	
14. PERMIT NO. 811206		10. FIELD AND POOL OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4322 GL; 4330' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SW 10-T2N-R56W	
		12. COUNTY 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 <input type="checkbox"/>	PULL 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 checked="" 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.)

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 P & A 7/26/81

The well was plugged as follows:

- 15 sacks in bottom
- 10 sacks in top

DVR	
FJP	
HHM	
JAM	✓
LJD	✓
RLS	
CGM	

Attachment: PEDCO Plugging Report

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

SIGNED [Signature] TITLE Office Manager DATE 9/3/81

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm DATE SEP 9 1981
CONDITIONS OF APPROVAL, IF ANY: