

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

RECEIVED

MAY 12 1981



00054612

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS.

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> <u>Plug & Abandon</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Daveil Inc.</u>		8. FARM OR LEASE NAME <u>Real Estate Investments</u>	
3. ADDRESS OF OPERATOR <u>Box 12507 Ft. Worth Tex 76116</u>		9. WELL NO. <u>4</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NW SE Section 31 T2N R54W</u> At proposed prod. zone <u>Same</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
14. PERMIT NO. <u>Verbal</u>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>45486L</u>	
		12. COUNTY <u>Washington</u> 13. STATE <u>Colo</u>	

16.

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 ☐

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 April 19, 1981

* Must be accompanied by a cement verification report.

Plug

15 sacks cement @ base of surface casing.
10 sacks cement @ top of surface casing.

DVR	
FJP	
HNM	
JAM	
JJD	
RLS	
CGM	

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

SIGNED HL [Signature]TITLE EngrDATE May 6, 81

(This space for Federal or State office use)

APPROVED BY [Signature]TITLE DIRECTORO & G Cons. CommDATE MAY 13 1981

CONDITIONS OF APPROVAL, IF ANY: