

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. COM. 111A

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"/> <i>Plug & Abandon</i>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <i>Daveil Inc.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <i>Box 12507 Ft. Worth Tex 76116</i>		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 <i>NW 5E Section 31 T2N R54W</i> At proposed prod. zone <i>Same</i>		8. FARM OR LEASE NAME <i>Real Estate Investments</i>	
14. PERMIT NO. <i>Verbal</i>		9. WELL NO. <i>4</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>45486L</i>		10. FIELD AND POOL, OR WILDCAT <i>Wildcat</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 31 T2N R54W</i>	
		12. COUNTY <i>Washington</i>	13. STATE <i>Colo</i>

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.)

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	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED *W.L. Rogers* TITLE *Engr* DATE *May 6, 81*

(This space for Federal or State office use)

APPROVED BY *W.L. Rogers* TITLE *DIRECTOR* DATE *MAY 13 1981*
O & G Cons. Comm

CONDITIONS OF APPROVAL, IF ANY:

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