

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

RECEIVED

JUN 12 1974



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

COLO. OIL & GAS CONS. COMM.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR MARLIN OIL COMPANY - W. W. FERRIS		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 870 Denver Club Building, Denver, Colo. 80202		8. FARM OR LEASE NAME Allen	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1989' FNL & 2064' FWL of Section 13 At proposed prod. zone Same		9. WELL NO. #1	
14. PERMIT NO. 74-182		10. FIELD AND POOL, OR WILDCAT W. C.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4503.8 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA CSE ¹ / ₄ NW ¹ / ₄ Sec.13-2N-54W	
		12. COUNTY Washington	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 checked="" 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 May 24, 1974

Plugged with with 10 sacks cement at top of hole
and 15 sacks at bottom

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED Tom J. Snyder TITLE Operator DATE 6/11/74

(This space for Federal or State office use)

APPROVED BY W. W. Rogers TITLE DIRECTOR DATE JUN 21 1974

CONDITIONS OF APPROVAL, IF ANY: