

RECEIVED

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

cc: Marietta office

SEP 16 1983

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

COLO. OIL & 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 Injection Well		5. LEASE DESIGNATION & SERIAL NO.	-	
2. NAME OF OPERATOR Okmar Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	-	
3. ADDRESS OF OPERATOR 633-17th Street, Suite 2160, Denver, Colorado 80202		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 990' FSL & 660' FEL, Section 31, T2N, R56W At proposed prod. zone same		8. FARM OR LEASE NAME Huey	-	
14. PERMIT NO. -		9. WELL NO. 29	-	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4470' KB		10. FIELD AND POOL, OR WILDCAT Burr Field	-	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-2N-56W	-	
		12. COUNTY Morgan	13. STATE Colorado	



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

NOTICE OF INTENTION TO:		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <u>Current Status</u> <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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

The subject well was converted to a water disposal well and water disposal commenced on August 1, 1978.

The well was shut-in during October, 1978 after only limited amounts of water could be disposed of in the well.

The well is in a temporarily abandoned status.



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

SIGNED J. Roy White TITLE Western Operations Manager DATE September 14, 1983

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE SEP 28 1983

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.