



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

RECEIVED

FEB 28 1984

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"/> P&A		5. LEASE DESIGNATION AND SERIAL NO. FEE	
2. NAME OF OPERATOR TXO Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1800 Lincoln Center Bldg., Denver, CO 80264		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 C-SE-SW Sec. 14-T16S-R42W (660' FSL 1980' FWL) At proposed prod. zone Same		8. FARM OR LEASE NAME Evans	
14. PERMIT NO. 05-017-6436		9. WELL NO. K #1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) GR: 3995		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Section 14-T16S-R42W	
		12. COUNTY Cheyenne	
		13. STATE CO	

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 2/2/84

Set 20 sx plug @ 420'  
10 sx plug @ 50'  
5 sx in RH  
5 SX in MH

WRS	
FJP	
HJM	
JAM	
RCC	
LAR	
CGM	
ED	

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

SIGNED <u>Frank D. Tsuru/NB</u>	TITLE <u>Drilling &amp; Production Engineer</u>	DATE <u>2/15/84</u>
(This space for Federal or State office use)		
APPROVED BY <u>William R. Smith</u>	TITLE <u>DIRECTOR</u>	DATE <u>MAR 9 1984</u>
CONDITIONS OF APPROVAL, IF ANY: <u>O &amp; G Cons. Comm.</u>		