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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO

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



00264878

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 checked="" type="checkbox"/> OTHER <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>N/A</u>	
2. NAME OF OPERATOR <u>DYCO PETROLEUM CORPORATION</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>N/A</u>	
3. ADDRESS OF OPERATOR <u>1700 Philtower Building, Tulsa, Oklahoma 74103</u>		7. UNIT AGREEMENT NAME <u>N/A</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface 1980' FNL & 1980' FEL NE/4</u> <u>At proposed prod. zone</u> <u>Same</u>		8. FARM OR LEASE NAME <u>Chapel</u>	
14. PERMIT NO. <u>74-537</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4522' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Cotton Valley D "J" Sand</u>	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>17-9N-56W</u>	
		12. COUNTY <u>Weld</u>	13. STATE <u>Colorado</u>

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 7-20-74 to 8-1-74

Loaded hole with 9.6#/gal. mud laden fluid.
Pumped 15 sx plug across bottom of surface casing and 10 sx in top.
Regulation dryhole marker was installed with date and well location inscribed.
Location was cleared of all debris, trash and restored to its normal terrain as possible.

DVR		DVR	
FJP		FJP	
HHM		HHM	
JAM	✓	JAM	✓
JJD	✓	JJD	✓ <i>Pilot</i>
GCH	✓	GCH	✓
CGM		CGM	

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

SIGNED Bill J. Bussey

TITLE Manager of Engineering

DATE 11/19/74

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
U. S. OF A. CHIEF, CHIEF

DATE FEB 10 1975