

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

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



00264963

RECEIVED

DEC 5 1983

& 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. <div style="display: flex; justify-content: space-between;"> <div> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> </div> <div>Dry Hole</div> </div>		5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Miller 1-15
2. NAME OF OPERATOR R. E. Hibbert		9. WELL NO. Miller 1-15
3. ADDRESS OF OPERATOR 1401 Houston Club Bldg., Houston, TX 77002		10. FIELD AND POOL, OR WILDCAT Wildcat
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NW - 1980 FNL & 660 FWL of NW/4 At proposed prod. zone		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T9N-R56W
14. PERMIT NO. 82 914	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4472 GR	12. COUNTY Weld 13. STATE CO.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" 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 31, 1982

Well is dry hole and was properly plugged.

WRS	<input type="checkbox"/>
FJP	<input type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	<input checked="" type="checkbox"/>
LAR	<input type="checkbox"/>
COM	<input type="checkbox"/>
ED	<input type="checkbox"/>

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR
 O & G Cons. Comm.

DEC 30 1983