

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.



RECEIVED

OCT 23 1975

FILE DESIGNATION AND SERIAL NO. 3 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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Marlin Oil Company - N. L. Koin

3. ADDRESS OF OPERATOR  
1507 Denver Club Bldg., Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface 1980' FWL and 1980' FSL  
At proposed prod. zone Same

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Gress

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
New Windsor

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NE 1/4 SW 1/4 Sec. 35-T7N-R67W

14. PERMIT NO.  
75-907

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
Plat and elevation to be mailed later

12. COUNTY  
Weld

13. STATE  
Colorado

*Plat sent 10-22-75*

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"/>
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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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 type="checkbox"/>
(Other) <u>See below</u>	

(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 10/17/75

In order to avoid high water line in the NW 1/4 SW 1/4 of Section 35 Operator ordered a re-survey of the location as indicated in Item 11 above.

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

18. I hereby certify that the foregoing is true and correct  
SIGNED Frank Kovalencko TITLE JIM SNYDER DRILLING COMPANY Contractor DATE 10/20/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 28 1975  
CONDITIONS OF APPROVAL, IF ANY:

Provided well is located not less than 600 ft. from your lease line.

X