

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

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

**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <b>SHEPLER &amp; THOMAS, INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 2164 Evergreen CO 80439 674-3503</b>		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 <b>NWNW Section 20</b> At proposed prod. zone <b>Same</b>		8. FARM OR LEASE NAME <b>Brown</b>	
14. PERMIT NO. <b>841193</b>		9. WELL NO. <b>20-1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4911 KB 4894 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Wattenberg-Codell</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 20 T4N R67W</b>	
		12. COUNTY <b>Weld</b>	13. STATE <b>CO</b>



18. 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 checked="" 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) <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 October 19, 1984 \* Must be accompanied by a cement verification report.

Well status: TD 7350', Top Codell 7246

Top Ni 6946' Set 2 7/8" casing at 7348' Cement sleeve 2980'. Cement from TD to 6240, good bond 2910-350, good bond (see enclosed logs)  
Proposed work: Perforate Codell 7052-62, 2 holes per foot.  
Breakdown with 1000 gal MEOH. Sand Frac with 140,000# 20-40 sand 67,000 gal gelled water  
Max pressure 4500#, max rate 12 BPM Halliburton Services to be the service company.

*JM  
Jim  
B*

*Verbal OK, 10-19-84, Jim*

19. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Vice-President DATE 10/15/84

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 1 1984  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

*✓*