



00046530

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED

APR 21 1969

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

COLO. OIL & GAS CONS.

COMM. DESIGNATION AND SERIAL NO.

None

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Ed. F. Delaney, Operator		No	
3. ADDRESS OF OPERATOR P.O. Box 734, Rangely, Colo. 81648		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 1560' E of W line & 30' N of C/L Lot 5, Sec 4, T1N, At proposed prod. zone 102 W, 6th Mancos - 3200'		8. FARM OR LEASE NAME	
14. PERMIT NO. 69-127		9. WELL NO. 12-A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5180' Gr -		10. FIELD AND POOL, OR WILDCAT Rangely - Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4, T1N - 102 W - 6th	
		12. COUNTY OR PARISH Rio Blanco	13. STATE Colo

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 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.)

Spudded - April 16, 1969

60'

Casing - ~~4 1/2~~ 10-3/4", 45# - Cemented to Surface

150' of 8-5/8", 32# - Cemented to surface

Drilling ahead.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓

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

SIGNED

TITLE

Agent

DATE

4/18/69

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR
O & G CONS. COMM

DATE

APR 22 1969

CONDITIONS OF APPROVAL, IF ANY: