



00046529

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED

MAY 19 1969

COLO. OIL

5. LEASE DESIGNATION AND SERIAL NO.  
& 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>ED. F. DELANEY, OPERATOR</b>		8. FARM OR LEASE NAME <b>Getty-Pan American</b>	
3. ADDRESS OF OPERATOR <b>Box 734, Rangely, Colo. 81648</b>		9. WELL NO. <b>12-A</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <b>Rangely - Mancos</b>	
14. PERMIT NO. <b>69-127</b>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <del>518</del> <b>5180 Gr.</b>	
		12. COUNTY OR PARISH <b>Rio Blanco</b>	13. STATE <b>Colo.</b>

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA

**Sec 4, T1N, 102W - 6th**

12. COUNTY OR PARISH

13. STATE

### 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 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) <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.)

Bottomed at 2010'

Picked up oil zone at 1920 to 1950'

Preparing to put on production

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

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

SIGNED

*George McAllister*

TITLE

Agent

DATE

5/16/69

(This space for Federal or State office use)

APPROVED BY

*W.C. Rogers*

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

MAY 21 1969

CONDITIONS OF APPROVAL, IF ANY:

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