

**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  
APR 17 1972  
COLO. OIL & 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR DELANEY PETROLEUM CO. (L. A. DELANEY, OP'R)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 695 E. 27th St., Long Beach, CA 90806		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 1205' frm W Line of Lot 5, 440' N or G/L of Lot 5, Sec 4 At proposed prod. zone		8. FARM OR LEASE NAME Getty-Amoco
14. PERMIT NO. 67-384 ✓		9. WELL NO. <del>11-2</del> 11-A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5186 Gr		10. FIELD AND POOL, OR WILDCAT Rangely - Mancos
		11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA S4-T1N, 102W, 6th
		12. COUNTY Rio Blanco
		13. STATE Colo

**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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 April 4, 1972

This gas well had very little potential of ever becoming a commercial producer.  
Did not produce enough gas to operate heaters.  
Filled hole with shale to within 10' of top, Filled with cement and set marker.

DVR	<input checked="" 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 Geek Mc Allister TITLE Agent DATE April 14, 1972

(This space for Federal or State office use)  
APPROVED BY Al Rogers TITLE DIRECTOR DATE APR 15 1972  
CONDITIONS OF APPROVAL, IF ANY:



*Mon Comm.*