

RECEIVED

SEP 24 1974

OGCC FORM 4  
REV. 7-64

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

COLO. OIL & GAS CONS. COMM.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>
2. NAME OF OPERATOR <u>DYCO PETROLEUM CORPORATION</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1700 Philtower Building, Tulsa, Oklahoma 74103</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At proposed prod. zone</u>		8. FARM OR LEASE NAME <u>Anderson</u>
14. PERMIT NO. <u>05-103-7463</u>		9. WELL NO. <u>#1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6521' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 17-1N-93W</u>
		12. COUNTY <u>Rio Blanco</u>
		13. STATE <u>Colorado</u>

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) <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.)

Date of work September 4, 1974

Displaced 100 sx regular cement down the 10 3/4" to 8 5/8" annulus.  
Left shut in one hour and had no pressure.

*10/11/74 - Per phone call, location has been cleaned & leveled OK. Jim*

DVR	<input checked="" type="checkbox"/>
FIP	<input checked="" type="checkbox"/>
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input type="checkbox"/>
GCH	<input type="checkbox"/>
CGM	<input type="checkbox"/>



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

SIGNED Bill J. Bussey TITLE Manager of Engineering DATE 9/16/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 24 1974

CONDITIONS OF APPROVAL, IF ANY: