

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

MAY 10 1985



00054177

SCANNED

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Kenneth L. Tipps		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1720 S. Bellaire #410, Denver, CO. 80222		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 At proposed prod. zone Test "J" & "D" Sands		8. FARM OR LEASE NAME Simonsen	
14. PERMIT NO. 82-127		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4520 KB		10. FIELD AND POOL, OR WILDCAT N. Xenia	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE 6:T2N,R53W	
		12. COUNTY Washington	
		13. STATE Colorado	

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"/>	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 type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <u>Washdown Test D & J</u>	
(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.)

18. Date of work May - August 12, 1982 * Must be accompanied by a cement verification report.

Cement	4920' 4 1/2" csg. w/100 Sx. cement
Perforate	1903-04 4 shots: 2500' fill up - all water
Set B.P.	4890
Perforate	4850-51 4 shots: 2600' fill up - all water
Set B.P.	4844
Perforate	4833-34 4 shots: Trace of gas N.M.
Perforate	4812-13 4 shots: Trace of gas N.M.

Fill up 250' water - 50 psi T.H.P - Trace of Oil

Pump 30 days - non-commercial. P & A October 8, 1982

VOIS
FJP
HRM
<input checked="" type="checkbox"/>
RCC
<input checked="" type="checkbox"/>
LAF
COM
FD

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

SIGNED [Signature] TITLE Operator DATE 5/9/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 15 1985

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

A

[Signature]