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COLO. OIL & GAS CONS. COMM.



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.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Webb Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 80202 First of Denver Plaza, 633 17th St, Ste 2200, Denver, Colo.		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 1515' FNL & 1515' FWL (NW SE NW Sec. 12)		8. FARM OR LEASE NAME Webb Champlin
14. PERMIT NO. 75 838		9. WELL NO. #12-6 X
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5397' Ground Level		10. FIELD AND POOL, OR WILDCAT Box Elder ^{creek} Field
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-3S-65W
		12. COUNTY Adams
		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) _____	
(Other) CURRENT STATUS REPORT <input checked="" 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 January 30, 1976

CURRENT STATUS REPORT

Please be advised that the subject well is currently being put on pump.

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED Robert T. Birdsong TITLE President DATE 1-30-76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 6 1976

CONDITIONS OF APPROVAL, IF ANY:

X