

OIL AND GAS PERMITS
DEPARTMENT OF THE STATE



RECEIVED

MAR 21 1973

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 AND SERIAL NO. ---- | |
| 2. NAME OF OPERATOR BRADEN OIL COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---- | |
| 3. ADDRESS OF OPERATOR P. O. Box 898, Boulder, Colorado 80302 | | 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 1980' FWL, 660 FNL Sec.4 At proposed prod. zone Same | | 8. FARM OR LEASE NAME Christensen | |
| 14. PERMIT NO. <u>419</u> 72-506 | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5327 KB | | 10. FIELD AND POOL, OR WILDCAT W.C. | |
| | | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 4-3S-66W | |
| | | 12. COUNTY Adams | 13. STATE Colo. |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|--|
| 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 checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|---|
| 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 checked="" 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 9/28/72 to 10/11/72 ✓ Donnelly Casing Pulling Co., Contractor

25 Sx cement pumped 8577'-8240'
 Shot 4-1/2" at 6820' and removed. Heavy mud to 1550'
 85SX cement pumped 1550'-1200' (Fox Hills)
 Heavy mud to 450'
 85 Sx cement 450'-200'
 Filled hole with heavy mud to 35'
 Dumped 10 sacks cement
 No marker set - cultivated land.

| | |
|-----|---|
| DVR | |
| FIP | ✓ |
| HIM | ✓ |
| JAM | ✓ |
| JD | ✓ |

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

SIGNED [Signature] TITLE Owner DATE 3/20/73

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 22 1973
U.S. GEOLOGICAL SURVEY

CONDITIONS OF APPROVAL, IF ANY:

