

123-08145

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GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

Application for Patented and Federal lands.  
Application for State lands.

RECEIVED

DEC 4 1974

OCT 30 1974

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 <input type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Robert Schulein, & Exeter Dr'g. & Expl. Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2300 Lincoln Center Bldg., Denver 80203		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 660' FSL & 660' FEL At proposed prod. zone		8. FARM OR LEASE NAME Chapel
14. PERMIT NO. 74 747		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4477' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE SE 3-9N-56W
		12. COUNTY Weld
		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 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 P&A 9/30/74

Well was plugged as follows:

- 15 sx. bottom of surface
- 10 sx. top of surface

A steel cap was welded over top of surface.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JCM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	<input checked="" type="checkbox"/> Plot
CGM	<input type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED Tom Cahill TITLE AGENT DATE 10/29/74

(This space for Federal or State office use)

APPROVED BY Al Rogers TITLE DIRECTOR DATE DEC 5 1974

CONDITIONS OF APPROVAL, IF ANY:



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