

OIL AND  
DEP

00375151

COMMISSION  
SOURCES

## OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

RECEIVED

MAR 13 1980

COLD OIL &amp; GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME The Frank  
Benton Land & Livestock Co.

9. WELL NO.

13-31

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 13, T3S, R85W

12. COUNTY

Eagle

13. STATE

Colorado

1.

OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

American Quasar Petroleum Co. of New Mexico

3. ADDRESS OF OPERATOR

707 United Bank Tower 1700 Broadway Denver, CO 80290

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface 3600' FWL, 400' FNL (NW NE)

At proposed prod. zone

14. PERMIT NO.

79-580

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

9540

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☒CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐(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 perti-  
nent to this work.)

Date of work \_\_\_\_\_

Plan to set the following cement plugs:

10477-10177 - 25 sx  
Surface - 415 - 194 sx  
Surface - 25' - 25 sx

Will set dry hole marker

DVR	
FJP	
HMM	
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED

W. R. Seidel

TITLE

Division Operations Mgr.

DATE

3/7/80

(This space for Federal or State office use)

DIRECTOR  
O & G CONS. COMM.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 13 1980