

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



00243070

RECEIVED
DEC - 9 1982

HOLD, 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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR C. W. HUGHES		6. IF INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 804 Midland Savings Bldg, Denver, Co 80202		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 C NE NE 15-10N-53W At proposed prod. zone		8. FARM OR LEASE NAME State Propst
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. #2
		10. FIELD AND POOL, OR WILDCAT Bonanza
		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 15-10N-53W
		12. COUNTY Logan
		13. STATE CO

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) Change of Operator <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 _____

C. W. Hughes assumed operations of the above well effective November 1, 1982, from Exeter Exploration Company

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CRM	

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

SIGNED C. W. Hughes TITLE Operator DATE 12/8/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 7 1983

CONDITIONS OF APPROVAL, IF ANY:

64

2