

OIL AND GAS CONSERVATION CO
DEPARTMENT OF NATURAL RESO
OF THE STATE OF COLORADO



RECEIVED

FEB 4 1976

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. COLO. OIL & GAS CONS. COMM.	
2. NAME OF OPERATOR Webb Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR First of Denver Plaza, 633 17th St, Ste 2200 Denver, Colo 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 At proposed prod. zone 660' FNL & 660' FEL (C-NE NE Sec. 5)		8. FARM OR LEASE NAME Nigrelle	
14. PERMIT NO. 75-256		9. WELL NO. #5-1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5368' Ground Level		10. FIELD AND POOL, OR WILDCAT Bear Gulch Field	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5-3S-64W	
		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"/>	FULL 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) <u>SQUEEZING</u>	<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 January 29, 1976

8-5/8" casing at 210' (5 1/2" casing), last basket at 1728', Bradenhead Squeezed with 130 sxs type "G" 16% gel. Maximum pressure: 550# at 6 bbls/minute; Slurry Volume Mix: 40.2 bbls.

DVR	
FJP	✓
HNM	✓
JAM	✓
JD	✓
GCH	✓
CCM	

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 W. Rogers TITLE DIRECTOR O & G CONS. COMM. DATE FEB 6 1976

CONDITIONS OF APPROVAL, IF ANY:

file
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