



OIL AND GAS CONSERVATION COMMISSION
OF NATURAL RESOURCES
STATE OF COLORADO

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

RECEIVED

JUL 9 1975

COLO. OIL & GAS CONS. COMM.

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 Webb Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1776 Lincoln Street, Denver, Colorado 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 1980' FNL & 660' FWL (SW NW Sec. 4) At proposed prod. zone		8. FARM OR LEASE NAME Danford-Champlin Farms
14. PERMIT NO. 75 541		9. WELL NO. #4-5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5376' Ground Level		10. FIELD AND POOL, OR WILDCAT Bear Gulch
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-3S-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) <input type="checkbox"/>	
(Other) Change Well Name <input checked="" type="checkbox"/>	<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 July 7, 1975

Please be advised that the subject well name has been changed:

FROM: #4-5 Champlin Farms
TO: #4-5 Danford-Champlin Farms

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

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

SIGNED Orlyn Terry TITLE Exploration Manager DATE July 7, 1975

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE JUL 11 1975

CONDITIONS OF APPROVAL, IF ANY: 7-11