

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



00215174

RECEIVED
B 27 1981

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

5. LEASE DESIGNATION AND SERIAL NO.
CO. OIL & GAS CONSERV. COMM.
Fee Lease

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Vaughn Brothers Oil Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 3700 First International Bldg., Dallas, TX 75270		8. FARM OR LEASE NAME Schmeckle
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL and 660' FEL Sec. 10 At proposed prod. zone		9. WELL NO. 1-10
14. PERMIT NO. 81 176		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4806 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-7N-58W
		12. COUNTY Weld
		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) Update current status <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 2-6-81

156 jts. of 5 1/2" 15.5# K-55 STC casing was set at 6495' with 250 sx 50-50 Pozmix + 2% gel + 10% salt + .75% CFR-2. Plug bumped at 5:26 pm 2-6-81.

Well will be completed as soon as a completion rig can be moved in (approximately 3-1-81).

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

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

SIGNED John McCallister TITLE Agent DATE 2-26-81

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE MAR 2 1981
CONDITIONS OF APPROVAL, IF ANY:

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