

RECEIVED

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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION

REV. OF THE STATE OF COLORADO

COLO. OIL & GAS CON. COMM.



1 duplicate for Patented and Federal lands. 1 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. Fee Lease
2. NAME OF OPERATOR STUARCO OIL COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2117 First National Bank Bldg., Denver, Colorado, 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 NW $\frac{1}{4}$ NW $\frac{1}{4}$ Section 6-T2N-R58W (660' FNL & 660' FWL) At proposed prod. zone same		8. FARM OR LEASE NAME Ambrose
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4496' GR 4503' KB		10. FIELD AND POOL, OR WILDCAT Ashley
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 6-T2N-R58W, 6th P.M.
		12. COUNTY OR PARISH Morgan
		13. STATE Colo.

SCANNED

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 checked="" 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) <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 November, 1969

- Place sand plug to 5875'.
- Spot 5 sack cement plug.
- Pull 5 $\frac{1}{2}$ " casing.
- Place 10' rock bridge at base of surface casing.
- Spot 15 sacks cement.
- Spot 10 sacks cement to top of surface casing.

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

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

SIGNED E. W. Ohlemeyer TITLE Manager of Production DATE October 29, 1969  
E. W. OHLEMEYER

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 5 1969  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: