

REV



OF THE STATE OF COLORADO

COLO. OIL & GAS CONS. COMM.

in duplicate for Patented and Federal lands. 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.)

SCANNED

RECEIVED

JUL 10 1970

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: STUARCO OIL COMPANY, INC. COLO. OIL & GAS CONS. COMM.

3. ADDRESS OF OPERATOR: 2117 First Nat'l Bank Building, Denver, Colo. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: C NW/4 NW/4 Section 6-T2N-R58W (660' FNL & 660' FWL)
At proposed prod. zone: Same

5. LEASE DESIGNATION AND SERIAL NO.: Fee Lease

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Ambrose

9. WELL NO.: 1

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: Colorado

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4496' GR 4503 KB

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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 May, 1970

Subsequent Report to plug well and pull casing as follows:

- Place sand bridge from 5994' to 5870'.
- Place 5 sacks cement at 5870'.
- Pull casing.
- Place 15 sacks cement at 348'.
- Spot mud to 35'.
- Place 10 sacks cement to 3' below ground level.
- Cutoff surface casing.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓

Ex Oil Prod

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

SIGNED E. W. Ohlemeyer TITLE Manager of Production DATE May 18, 1970
E. W. OHLEMEYER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BEST IMAGE AVAILABLE