



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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. C-01567	
2. NAME OF OPERATOR SUN OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2525 N.W. Expressway, Oklahoma City, OK 73112		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 667' FNL & 692' FNL At proposed prod. zone		8. FARM OR LEASE NAME Federal Fox	
14. PERMIT NO. 79-316		9. WELL NO. 29-1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6512.5 GL		10. FIELD AND POOL, OR WILDCAT North Craig	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-8N-90W	
		12. COUNTY Moffat	13. STATE Colorado

RECEIVED
AUG 16 1979

COLO. OIL & GAS CONS. COM. M.

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) <u>Drilling Well</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 _____

- 7-25: Well loading with water. Opened on 1" choke. FTP 685# to 160#. Unload Water.
- 7-26: Flowed 14 hrs. on 1" choke F.T.P.-9#.
- 7-27: Flowed 6 hrs. F.T.P. 205# on 1/4" choke at rate of 312 Mcfpd. S.I. well at 6:00 p.m.

DVR	
F9P	
HHM	
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED Ben Harry/g.o. BEN HARRY TITLE DIST. SUPRV. PROR/ CONSVR. DATE 8-8-79

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 23 1979

CONDITIONS OF APPROVAL, IF ANY:

dx