

APR 11 1983

OGCC FORM 4



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

1 duplicate for Patented and Federal lands.
2 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
2. NAME OF OPERATOR Sohio Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P.O. Box 30, Casper, Wyoming 82602		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C, NW/4, SW/4 (660' FWL & 1980' FSL) At proposed prod. zone Same		8. FARM OR LEASE NAME Larson
14. PERMIT NO. 822078		9. WELL NO. 4-12
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5389' (GR); 5397' (KB)		10. FIELD AND POOL, OR WILDCAT Bear Gulch
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T3S, R64W
		12. COUNTY OR PARISH 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"/>	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) <input type="checkbox"/>	
(Other) Vent or flare gas during testing <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 _____

The subject well has been completed in the 'D' Sand (perfs. 8020-30') and fracture stimulated in late February, 1983. Following load recovery, a 24 hr. flowing test (oil only) was conducted on 3/1/83 prior to shutting the well in for a bottom hole pressure survey and to install and hookup lease production equipment. Inclement weather and muddy conditions have prevented further work until this time.

NOTE → Upon completion of the production equipment hookup, Sohio proposes to conduct a two week production test during which potential gas purchasers will measure GOR and collect gas samples. Following this test period, the securing of a gas sales contract and physical sales hookup will be accomplished as quickly as possible. Sohio requests permission to vent or flare gas produced during the period of time necessary to conduct the testing and to secure a sales hookup. The GOR is anticipated to be 300-400 CF/bbl. with a portion of the produced associated gas to be used for treater fuel.

DVR	
FJP	
HHM	
JAM	✓
RCC	
LAR	✓
GCM	

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

SIGNED W.H. Ward TITLE District Manager DATE 4/7/83
(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE APR 12 1983
 CONDITIONS OF APPROVAL, IF ANY: