

RECEIVED

JAN 26 1983

COLO. OIL & GAS CONSERV. COMM.

OGCC FORM NO. 100
REV. 7-1
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
STATE OF COLORADO
00405266
File in application for Patented and Federal lands.
File in application 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 NA
3. ADDRESS OF OPERATOR P.O. Box 30, Casper, WY 82602		7. UNIT AGREEMENT NAME NA
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' FEL) At proposed prod. zone Same		8. FARM OR LEASE NAME Larson
14. PERMIT NO.		9. WELL NO. 4-12
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5389' GR		10. FIELD AND POOL, OR WILDCAT Bear Gulch
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T3S, R64W
		12. COUNTY Adams
		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 COMPLETION <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) _____	

(Other) Change elevation

(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 NA

On the APD (submitted 12/17/82) the elevation was reported as 5309' GR which is incorrect. The accurate elevation is 5389' GR. Please make appropriate changes and pardon the inconvenience.

DVR	
PJP	
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
ELS	
...	

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

SIGNED W.H. Ward TITLE District Superintendent DATE 1/24/83

(This space for Federal or State office use)

APPROVED BY W.H. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE FEB 1 1983

CONDITIONS OF APPROVAL, IF ANY:

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