

RECEIVED
FEB 10 1983

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



File in duplicate for Patented and Federal lands.
 File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO. OIL & GAS COMM.

Fee

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Sohio Petroleum Company		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' FSL) At proposed prod. zone Same		8. FARM OR LEASE NAME Larson
14. PERMIT NO. 05-001-8239		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 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 checked="" 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 NA

The APD was approved 12/22/82, specifying a total depth of 8200'. That depth was reached 2/6/83 and it was decided to drill ahead. Total depth is now expected to be 8290'.

DVR
FJP
MHM
JAM
JJB
RLS
CRM

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

SIGNED W.H. Ward TITLE Dist. Superintendent DATE 2/8/83
 (This space for Federal or State office use) DIRECTOR

APPROVED BY [Signature] TITLE O & G Cons. Comm. DATE FEB 14 1983
 CONDITIONS OF APPROVAL, IF ANY:

H

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