

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE

RECEIVED
SEP 28 1965

65-403



00995086

Permit No.

5. LEASE DESIGNATION AND SERIAL NO.

OIL & GAS

6. INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Christianson

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NE SW, Section 22

Township 3S - Range 50W

12. COUNTY OR PARISH

Washington

13. STATE

Colorado

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL

DEEPEN

PLUG BACK

b. TYPE OF WELL

OIL WELL

GAS WELL

OTHER

SINGLE ZONE

MULTIPLE ZONE

2. NAME OF OPERATOR

Donzoil, Ind. and Allison Drilling Company, Inc.

3. ADDRESS OF OPERATOR

1275 Sherman Street, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1980 Feet from W. Line

At proposed prod. zone

1980 Feet from S. Line

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

12 Miles

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. line, if any)

1980

16. NO. OF ACRES IN LEASE

160

17. NO. OF ACRES ASSIGNED TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

4000

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START

9-27-65

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	8-5/8	24	270	170

Waived

DVR	<i>plotted 9-28-65</i>
WRS	
HHM	
JAM	
FJP	
JJD	
FILE	

Reg. plat

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED *[Signature]* TITLE President DATE 9-27-65

(This space for Federal or State office use)

65 403

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY *[Signature]* TITLE Director DATE SEP 28 1965

CONDITIONS OF APPROVAL, IF ANY: