



UNITED STATES  
OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**USA Colorado 074670 (Acq.)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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  GAS WELL  OTHER - Dry hole

2. NAME OF OPERATOR  
**Union Texas Petroleum**

3. ADDRESS OF OPERATOR  
**Suite B-400, 1740 Broadway, Denver, Colorado**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

**C NW SE Section 20-T3S-R50W  
Washington County, Colorado**

14. PERMIT NO.  
**64 521**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4556 GL, 4564 KB**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Arnold Friend-Gov't.**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Dorado Field**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Section 20-T3S-R50W  
6th PM**

12. COUNTY OR PARISH  
**Washington**

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

Proposal is made to plug the above well as follows:

Fill hole with heavy mud. Plug with 15 sx cement in bottom of surface casing, 10 sx in top.

Verbal permission to plug received from Mr. G. G. Frazier on November 21, 1964.

DVR	
WRS	
HHM	
JAM	
FJP	✓
JJD	✓
FILE	

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

SIGNED /s/ Charles M. Beard TITLE District Superintendent DATE 11/23/64

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE NOV 25 1964

CONDITIONS OF APPROVAL, IF ANY: COLO. OIL & GAS COMM.