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OBSERVATION COMMISSION  
OF NATURAL RESOURCES  
STATE OF COLORADO  
for Patented and Federal lands.  
for State lands.

COLO. OIL & GAS CONS. COMM.

**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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME             |           |
| 2. NAME OF OPERATOR  |  | 7. UNIT AGREEMENT NAME                           |           |
| 3. ADDRESS OF OPERATOR   |  | 8. FARM OR LEASE NAME<br><i>Friend</i>           |           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>At proposed prod. zone |  | 9. WELL NO.<br><i>2-A X</i>                      |           |
| 14. PERMIT NO.   |  | 10. FIELD AND POOL, OR WILDCAT                   |           |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA |           |
|  |  | 12. COUNTY                                       | 13. STATE |

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) _____   |  |
| (Other) _____                                |   | (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 6-16-75

*Plug w/ 10" Mud from 270-4079  
155Ks @ 270  
105Ks @ 25.*



00362485

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

SIGNED *Ralph Puder* TITLE *Tool Puder* DATE *7-7-75*

(This space for Federal or State office use)

APPROVED BY *McRogers* TITLE *DIRECTOR* DATE *SEP 15 1975*

CONDITIONS OF APPROVAL, IF ANY:

*John*