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REV. 7-64

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

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

COLO. OIL & GAS CONSERVATION COMMISSION

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 <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Sundance Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Suite 510, 1776 Lincoln Street, Denver, CO 80203</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>C S 1/2 SW 1/4 (660' FSL, 1320' FWL)</u>		8. FARM OR LEASE NAME <u>Nicklas</u>	
At proposed prod. zone		9. WELL NO. <u>1-15</u>	
14. PERMIT NO. <u>741067</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u> ✓	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4643 KB 4633 GR</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 15, T.8N., R. 56W.</u>	
		12. COUNTY <u>Weld</u>	13. STATE <u>CO</u>

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 checked="" 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 4-22-75

Plan to plug well as follows:
15 sx. at bottom of surface casing
10 sx. at top of surface casing

DVR	
FJP	✓
HNM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

18. I hereby certify that the foregoing is true and correct
SIGNED Ron Fritchett TITLE Geologist DATE 6-13-75

(This space for Federal or State office use)
APPROVED BY W. Rogers TITLE DIRECTOR DATE JUN 19 1975
CONDITIONS OF APPROVAL, IF ANY: