

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

00500500

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

RECEIVED

AUG 23 1984

COLO. OIL &amp; 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Sun Exploration & Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 5940 T.A., Denver, CO 80217		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 At proposed prod. zone 660' FNL & 660' FWL NW/4 NE/4		8. FARM OR LEASE NAME Lowe Arnold	
14. PERMIT NO. 822033		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4440' GR		10. FIELD AND POOL, OR WILDCAT Grouse	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T15S, R46W	
		12. COUNTY Cheyenne	
		13. STATE CO	

16.

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" 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.)

18. Date of work

\* Must be accompanied by a cement verification report.

Perfs: 5520 - 42'  
CSG: 5-1/2" O.D. 14# K-55  
TBG: 2-3/8" O.D. 4.7# J-55

## Procedure:

1. MIRU Gibson ws/POH w/rods & tbg/dumped 1 sk SD on RBP @ 5488'/Ran 4.67" GR & JB to 5472'/Ran csg insp log & electronic csg caliper log from 5457 to 800'/interval pit @ 2597' - at collar/
  2. NU 3M BOP/PU & RIH w/5-1/2" Baker mod C FB CMTR & SN on 2-3/8" tbg to 2702' & set pkr/loaded hole w/2% KCL and pres tbg to 1000# pull 3 stands & reset pkr @ 2523'/loaded annulus w/2% KCL water/pres annulus to 1000# - OK/pumped 40 bbls 2% KCL water into csg leak @ 2 BPM w/1000# pres/no blow or circ on bradenhead/pulled 2 jts. and reset pkr @ 2463'/
  3. Hallib est inj into leak/ 2-1/2 BPM @ 1000#/squeezed leak w/50 sks class 'C' cmt/ disp w/2% KCL on vac after 3 bbls cmt in leak/ over disp 5 bbls/SD WOC 2-1/2 hrs/ est inj 2-1/2 BPM @ 1000#/squeezed w/50 sks class 'C' cmt/flush on vac @ 1 BPM to 1/2 BPM @ end/over disp 5 bbls w/750#/ FLD back 2 bbls/POH 5 stands/
- (Continued)

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

SIGNED Cina McKinnick TITLE Senior Account Assistant DATE August 16, 1984

(This space for Federal or State office use)

APPROVED BY William R Smith TITLE DIRECTOR DATE SEP 25 1984  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.