

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



36-6N-87W NENE
RECEIVED
SEP 12 1985

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

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. COMM. 72-3415 STATE	
2. NAME OF OPERATOR Edwin L. Cox & Berry R. Cox		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 101 N. Robinson, Oklahoma City, OK 73102*		7. UNIT AGREEMENT NAME Tow Creek Unit 48533	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 884' FNL 306" FWL At proposed prod. zone approx. 300' from west line and 150' from north line		8. FARM OR LEASE NAME Cox Tow Creek State	
14. PERMIT NO.		9. WELL NO. 1-31-36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7891' GR		10. FIELD AND POOL, OR WILDCAT Tow Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-6-86 36-6N-87W	
		12. COUNTY Routt	13. STATE CO

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) Move Location <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

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.)

18. Date of work

* Must be accompanied by a cement verification report.

Proposed Casing and Cementing Program

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
18"	16"	65# H40	60'	10 yds grout
12 1/4"	9 5/8"	36# K55 STC	600'	180 sks
8 3/4"	7"	23# S95 LTC	4700'	200 sks
6 1/4"	5" slotted liner	15# K55	4400' to 5500'	none

* Denver Office: 2800 Great West Life Tower
1675 Broadway
Denver, CO 80202

892095-4

Moving Surface
location only
Bottom hole the
same

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.

SEP 13 1985