



36-6N-87W NENE RECEIVED
NOT
SEP 12 1985

OGCC FORM 4
Rev. 1/78

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

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

5. LEASE DESIGNATION & SERIAL NO. COMM.
72-3415 STATE

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"/>		7. UNIT AGREEMENT NAME Tow Creek Unit 48533	
2. NAME OF OPERATOR Edwin L. Cox & Berry R. Cox		8. FARM OR LEASE NAME Cox Tow Creek State	
3. ADDRESS OF OPERATOR 101 N. Robinson, Oklahoma City, OK 73102*		9. WELL NO. 1-31-36	
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		10. FIELD AND POOL, OR WILDCAT SURVEY OR AREA Tow Creek	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-6-86 36-6N-87W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7891' GR		12. COUNTY Routt	13. STATE CO

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) <input type="checkbox"/>	

(Other) Move Location

(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 1/2"	5" slotted liner	15# K55	4400' to 5500'	none

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

8920954

Moving Surface location only
Bottom hole the same

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

SIGNED [Signature] TITLE Permitting Consultant DATE 9/11/85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE SEP 13 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: