

RECEIVED



OGCC FORM 4  
Rev. 1/78

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

APR 27 1987

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

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION & SERIAL NO.	72/3415-STATE
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
7. UNIT AGREEMENT NAME	Tow Creek Unit
8. FARM OR LEASE NAME	Cox Tow Creek State
9. WELL NO.	#1-36
10. FIELD AND POOL, OR WILDCAT	Grassy Creek
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 31- T6N-R86W
12. COUNTY	Routt
13. STATE	CO

**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"/>
2. NAME OF OPERATOR Cox Oil & Gas, Inc.
3. ADDRESS OF OPERATOR 3800 InterFirst One, Dallas, TX 75202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE NE Sec.31-6N-86W At proposed prod. zone BHL: 92' FNL & 866' FEL of Sec.36-6N-87W
14. PERMIT NO. 85-1025
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7891.5' GL; 7093' KB

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"/>
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) 6 month report of SI well <input checked="" type="checkbox"/>	

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 checked="" type="checkbox"/>
(Other) SI <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.

This well is SI pending further evaluation of the area.  
There have been no sales of production to date.

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input checked="" type="checkbox"/>

19. I hereby certify that the foregoing is true and correct  
SIGNED Hugh J. Cotton TITLE Drilling Manager DATE 4-23-87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE APR 30 1987  
CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

