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OGCC FORM 4

REV. 7-64

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

COLO. OIL & GAS CONSERV. COMM.



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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole   |  | 5. LEASE DESIGNATION AND SERIAL NO.                                    |                    |
| 2. NAME OF OPERATOR<br>Toltek Drilling Company and Tri-G Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |                    |
| 3. ADDRESS OF OPERATOR<br>340 Denver Club Bldg., Denver, Colorado   |  | 7. UNIT AGREEMENT NAME   |                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface NW SE Sec. 6 - T 3S - R 56W<br>At proposed prod. zone |  | 8. FARM OR LEASE NAME<br>New   |                    |
| 14. PERMIT NO.<br>66-479  |  | 9. WELL NO.<br>1   |                    |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4784 Gr. 4794 KB  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                              |                    |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>NW SE 6 - 3S - 56W |                    |
|   |  | 12. COUNTY OR PARISH<br>Washington                                     | 13. STATE<br>Colo. |

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 type="checkbox"/>              | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <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.)

D 5172  
J 5223

Plug 10 Sacks Bottom of Surface Casing  
5 Sacks Top of Surface Casing

DST #1 - 5260' - 5270', open 90 min.  
Recovered 1920' water, 60' mud cut water.  
Flow pressure 98-279  
ISIP 940 (30)  
FSIP 926 (30)

P & A 12/1/66

|     |                                     |
|-----|-------------------------------------|
| DVR | <input type="checkbox"/>            |
| FJP | <input checked="" type="checkbox"/> |
| HJM | <input type="checkbox"/>            |
| JAM | <input type="checkbox"/>            |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED \_\_\_\_\_ TITLE Exec. Vice-President DATE 2/28/67

(This space for Federal or State office use)

APPROVED BY M. K. Rogers TITLE Director DATE 3-2-67

CONDITIONS OF APPROVAL, IF ANY: