

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED

MAR - 1 1967

COLO. OIL & GAS CONSERVATION COMMISSION

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



00834406

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 Toltek Drilling Company and Tri-G Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 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.) At surface NW SE Sec. 6 - T 3S - R 56W At proposed prod. zone		8. FARM OR LEASE NAME New	
14. PERMIT NO. 66-479		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4784 Gr. 4794 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SE 6 - 3S - 56W	
		12. COUNTY OR PARISH Washington	13. STATE Colo.

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 COMPLETION	<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 type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input checked="" 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.)

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"/>
HHM	<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. Rogers TITLE Director DATE 3-2-67
CONDITIONS OF APPROVAL, IF ANY: