

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



RECEIVED
JAN 9 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.)

5. LEASE DESIGNATION & SERIAL NO.
Fee - Paul V. Wray, et ux
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Flank

9. WELL NO.

67

10. FIELD AND POOL, OR WILDCAT

Flank

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 5-34S-42W

12. COUNTY

Baca

13. STATE

Colorado

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Coastal Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 749, Denver, Co. 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface 660' FSL/985' FWL

At proposed prod. zone SW SW

Same

14. PERMIT NO.

841138

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3796 ft Ungrd GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL, ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANS: ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Monthly Report of Operations ☒

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.

Please refer to attached chronological report of operations for month of September 1984.

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

SIGNED

H. E. Aab

TITLE

District Drilling Manager

Denver District

DATE January 8, 1985

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

JAN 23 1985