

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

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

14. PERMIT NO.  
841138

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3796 ft Ungrd GR

**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

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(Other) Monthly Report of Operations   
(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.

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  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR  
O & G Cons. Comm.

DATE JAN 23 1985

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