



00229793

AS CONSERVATION COMMISSION MENT OF NATURAL RESOURCES THE STATE OF COLORADO

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

RECEIVED
SEP 29 1978
COLO. OIL & GAS CONS. COMM.

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"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR J. W. Nylund		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1600 Broadway, Denver, CO 80202		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 1730' FSL, 1730' FWL NE SW Sec 13-T3S-R56W At proposed prod. zone same		8. FARM OR LEASE NAME Gilbert	
14. PERMIT NO. 78-906		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4785', KB 4792'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW Sec. 13-T3S-R56W	
		12. COUNTY Washington	13. STATE Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

REPAIRING WELL

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SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT

(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.)

Date of work P&A 9/24/78

Well was plugged as follows:

15 sacks in bottom of surface
10 sacks in top of surface

DVR	
FJP	
HJM	
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input checked="" type="checkbox"/>
CGM	

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

SIGNED

[Signature]

TITLE

Owner

DATE

9/28/78

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

OCT 3 1978

CONDITIONS OF APPROVAL, IF ANY:

X