



STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

JUL 12 1982

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

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 & SERIAL NO.	
2. NAME OF OPERATOR Edward Mike Davis d/b/a Tiger Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1920 Colorado State Bank Bldg, 1600 Broadway, Denver, CO		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 1800' FNL 2040' FWL Sec. 25-T3S-R59W At proposed prod. zone Same		8. FARM OR LEASE NAME UPRR Downing	
14. PERMIT NO. 82 937		9. WELL NO. 22-25	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5176 Gr. 5186 KB		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
12. COUNTY Adams		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-T3S-R59W	
13. STATE Colorado			

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 COMPLETE <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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Change Operator	

(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 July 6, 1982

* Must be accompanied by a cement verification report.

Change Operator to Edward M. and Fred M. Doumani
2975 Las Vegas Boulevard South
Las Vegas, NEVADA 89109

DVR	
FJP	
HHM	
JAM	
JJD	
RLS	
CGM	

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

SIGNED

R. A. Matuszczak

TITLE

Chief Geologist

DATE

7/7/82

(This space for Federal or State office use)

APPROVED BY

R. Rogers

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

JUL 14 1982

CONDITIONS OF APPROVAL, IF ANY: