

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

STATE OF COLORADO



00229811

ate for Patented and Federal lands.
ate for State lands.

RECEIVED

FEB 28 1985

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 5660 S. Syracuse Cir., #514, Englewood, CO 80111		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 1980' FSL, 660' FEL; C NE/4 SE/4 Sec. 14-T3s-R56W At proposed prgd. zone Same		8. FARM OR LEASE NAME LENTZ	
14. PERMIT NO. 841873		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4787' GL; 4799' KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C NE SE SEC. 14-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 ☐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) ☐REPAIRING WELL ☐ALTERING CASING ☐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 1/07/85

Well was plugged with 20 sacks at bottom of surface casing and 10 sacks at top.

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

SIGNED

TITLE Production Secretary

DATE 2/25/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE MAR 1 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.