

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

**RECEIVED****APR 26 1971**

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

**COLORADO OIL & GAS CONSERVATION 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <b>Patrick A. Doheny</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>136 El Camino, Beverly Hills, California 90212</b>		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 <b>600' from north line and 600' from east line</b> At proposed prod. zone <b>Approximately the same.</b>		8. FARM OR LEASE NAME <b>Walton</b>
14. PERMIT NO. <b>71-265</b> <b>Oral 4-13-71</b>		9. WELL NO. <b>1B</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>Gr. 4704' KB 4714'</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Section 26, T2N, R53W</b>
		12. COUNTY <b>Washington</b> 13. STATE <b>Colorado</b>

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

(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 **4-17-71**Spudded: **4-13-71**Surface casing: **8-5/8" at 272' with 150 sacks cement.**Plugged: **4-17-71**

Procedure: **15 sack cement plug at shoe of surface casing and 10 sack cement at surface. Permission to plug granted by Frank Piro.**



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**CONFIDENTIAL**

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED

**C. W. Reed**

TITLE

**Agent**

DATE

**4-22-71**

(This space for Federal or State office use)

APPROVED BY

**W. Rogers**

TITLE

**DIRECTOR****O & G CONS. COMM.**

DATE

**APR 28 1971**

CONDITIONS OF APPROVAL, IF ANY: