

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
DEPCO, Inc.
3. ADDRESS OF OPERATOR
1000 Petroleum Building - Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL, 990' FWL (NW/4 SW/4)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Recompletion	<input type="checkbox"/>		<input type="checkbox"/>

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.)*

It is proposed to clean out the Mudge "A" No. 7 to 1919' TD, run 2-7/8" - 6.5.# J55 - EUE, tbq to TD and cement to surface using 150 ft³ 50/50 Pozmix followed by 150 ft³ Class "B" regular. After an adequate WOC period, the Pictured Cliffs interval 1847-57' will be perforated using 2 JSPF. The perforated interval will then be foam-fraced using 25,000# 20/40 sand in 70 quality N₂ foam.

Approved Subject to commencement of work on or by April 28, 1983

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. S. Shaw Prod. Supt. - So. DATE January 19, 1983
Rockies

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY: _____

TITLE _____

DATE _____

APPROVED
AS AMENDED

DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC

OIL COR. DIV.
DIST. 3