

075-05834

OIL AND GAS CONSERVATION COM OF THE STATE OF COLORADO



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RECEIVED

MAY 5 - 1967

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

1 OIL & GAS CONS. CO. 1M.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection		5. LEASE DESIGNATION AND SERIAL NO.																				
2. NAME OF OPERATOR Guest & Moller Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR 4726 Jacksboro Hwy, Wichita Falls, Texas 76302		7. UNIT AGREEMENT NAME Luft																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' S/L 330' W/L NE/4 C-SW SW NE At proposed prod. zone Muddy		8. FARM OR LEASE NAME D. M. Knudson																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4177' GL	9. WELL NO. 15 WI																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Luft																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input checked="" type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) _____</td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, T8N - R53W
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____																				
		12. COUNTY OR PARISH Logan																				
		13. STATE Colorado																				

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.)

Well plugged as specified on our approved abandonment procedure. Recovered 3244' 5 1/2" on 1-8-67. Surface marker placed in surface pipe.

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

EX Oil Prod



00761877

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

SIGNED [Signature] TITLE Partner DATE 5-3-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE JUN 7 1967

CONDITIONS OF APPROVAL, IF ANY:

T