



OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

RECEIVED  
JUL 11 1966

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

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 Unit M 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/N line & 900' E/W line SW NW NE At proposed prod. zone 990' N - 2310' E Muddy		8. FARM OR LEASE NAME D.M. Knudsen
14. PERMIT NO.		9. WELL NO. 12 WI
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4183 GL - 4193 KB		10. FIELD AND POOL, OR WILDCAT Luft
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, T8N, R-53W
		12. COUNTY OR PARISH Logan
		13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

Fill open hole or above perforation w/gravel - dump cement plug on top of gravel - load hole. Cover in and out of bottom of surface pipe and cement plug in top of surface pipe.

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

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

SIGNED <u>Arthur P. Moller</u>	TITLE <u>Partner</u>	DATE <u>7-7-66</u>
(This space for Federal or State office use)		
APPROVED BY <u>Dr. Rogers</u>	TITLE <u>Director</u>	DATE <u>JUL 13 1966</u>
CONDITIONS OF APPROVAL, IF ANY:		

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