

075-07402

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CONSERVATION COMMISSION  
STATE OF COLORADO

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

COLO. OIL & GAS CON. COMM. LEASE, DESIGNATION, AND SERIAL NO.

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  GAS WELL  OTHER  Dry Hole

2. NAME OF OPERATOR PHONE  
Toltek Drilling Company and Fundamental Oil Co.

3. ADDRESS OF OPERATOR  
340 Denver Club Bldg., Denver, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface SW SE Sec. 28 - T 9N - R 53 W 660 fsl  
At proposed prod. zone 1950 fsl

14. PERMIT NO. 66-389

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4156 Gr. 4166 KB

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Strouse

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat MT HOPE EAST

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SW SE 28 - 9N - 53W

12. COUNTY OR PARISH 13. STATE  
Logan Colo.

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

Plug - 10 Sacks cement bottom of surface casing  
5 Sacks cement ~~XXXX~~ top of surface casing

Plug - 10/6/66

TD - 5298'

DST #1 - 4918'-4929' (Misrun)

DST #2 - 4921'-4944' Open 25 min., Recovered 60' mud, flow pressure 33lbs.

FSIP - 574 (30 min.)

D - Top 4810

J - 4910

Ø - 5174

No cores

DVR	
FJP	✓
HHM	
JAM	
JJD	✓

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

SIGNED \_\_\_\_\_ TITLE Exec. Vice-President DATE 2/28/67

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE Director DATE MAR 2 1967

CONDITIONS OF APPROVAL, IF ANY:



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