



075-07402
CONSERVATION COMMISSION
STATE OF COLORADO

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

RECEIVED

MAR - 1 1967

COLO. OIL & GAS COM. 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Toltek Drilling Company and Fundamental Oil Co.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 340 Denver Club Bldg., Denver, Colorado	8. FARM OR LEASE NAME Strouse
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 At proposed prod. zone	9. WELL NO. 1
14. PERMIT NO. 66-389	10. FIELD AND POOL, OR WILDCAT Wildcat MT HOPE EAST
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4156 Gr. 4166 KB	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW SE 28 - 9N - 53W
	12. COUNTY OR PARISH Logan
	13. STATE 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) _____	

(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:

