

075-08020

RECEIVED

AUG 23 1967



99999999

AS CONSERVATION COMMISSION  
THE STATE OF COLORADO

Apply for Patented and Federal lands.  
Apply for State lands.

COLO. OIL & GAS COMS. (Form)

### 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 <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee Lease</u>
2. NAME OF OPERATOR <u>Michael T. Cowen</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <u>524 Murray Building, Grand Rapids, Michigan 49502</u>		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>C SE/4 NE/4 -</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Elsie Good</u>
14. PERMIT NO. <u>67 162</u>		9. WELL NO. <u>#2</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4280 KB 4271 GL</u>		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14-9N-54W 6th P.M.</u>
		12. COUNTY OR PARISH <u>Logan</u> 13. STATE <u>Colorado</u>

660fe1  
2000fhl

### 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.)

PLUGGING DATE 5-15-67

Placed 20 sax in surface pipe.  
Cut off surface pipe below plow depth to welded plate on same.

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

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

SIGNED M. Cowen TITLE Operator DATE 8-21-67

(This space for Federal or State office use)

APPROVED BY M. Rogers TITLE Director DATE AUG 23 1967  
CONDITIONS OF APPROVAL, IF ANY:



00788240