



99999999

075-08020

RECEIVED

AS CONSERVATION COMMISSION
THE STATE OF COLORADO

AUG 23 1967

uplicate for Patented and Federal lands.
uplicate for State lands.

COLO. OIL & GAS COMS. CLERK

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	5. LEASE DESIGNATION AND SERIAL NO. Fee Lease
2. NAME OF OPERATOR Michael T. Cowen	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 524 Murray Building, Grand Rapids, Michigan 49502	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 C SE/4 NE/4 - At proposed prod. zone Same	8. FARM OR LEASE NAME Elsie Good
14. PERMIT NO. 67 162	9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4280 KB 4271 GL	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-9N-54W 6th P.M.
	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 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	
FJP	<input checked="" type="checkbox"/>
HMM	
JAM	
JJD	<input checked="" type="checkbox"/>

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

SIGNED

M. T. Cowen

TITLE

Operator

DATE

8-21-67

(This space for Federal or State office use)

APPROVED BY

W. T. Rogers

TITLE

Director

DATE

AUG 23 1967

CONDITIONS OF APPROVAL, IF ANY:



00788240