

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO **FEB 21 1966**

RECEIVED
1966



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

SUNDRY NOTICES AND REPORTS ON OIL & GAS WELLS COMMISSION

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.																
2. NAME OF OPERATOR The British-American Oil Producing Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																
3. ADDRESS OF OPERATOR P. O. Box 180, Denver, Colorado		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 At proposed prod. zone NE SE Section 29-9N-53W		8. FARM OR LEASE NAME Carey "C"																
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4172' GL	9. WELL NO. 1																
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Mt. Hope East																
<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) _____</td> <td></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>		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) _____		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-9N-53W
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"/>															
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____																
		12. COUNTY OR PARISH Logan																
		13. STATE Colorado																

NO PRIOR APPROVAL

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.)

This well was sold for salvage to Art Skaer, Inc. The following is report of plugging operations:

Shot off and pulled 4180' 5 1/2" OD casing. M.I.R.U. Pulled rods and tubing. Ran sand from 4907' to 4800', dumped 5 sax cement to 4762'. Worked casing to 40" tension, shot casing @ 4186', pulled 139 joints. Mud to 215', dumped 10 sax cement to 172', mud to 18', dumped 5 sax cement to base cellar and welded on cap.

EX Oil Prod.

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 Thomas W. Rogers TITLE District Superintendent DATE 2-18-66

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE Director DATE FEB 24 1966

CONDITIONS OF APPROVAL, IF ANY:

VIOLATION
no approval prior to plugging