

RECEIVED OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO MAR 22 1967

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

COLO. OIL & GAS CON. COMM.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER - DRY HOLE</p> <p>2. NAME OF OPERATOR STUARCO OIL COMPANY, INC.</p> <p>3. ADDRESS OF OPERATOR 2117 First National Bank Building, Denver, Colorado 80202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C NW/4 NW/4 (660' FNL and 660' FWL) At proposed prod. zone</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. Colo. OG 66/3037-S</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME STATE</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 36-T9N-R53W 6th P.M.</p> <p>12. COUNTY OR PARISH Logan</p> <p>13. STATE Colorado</p>
<p>14. PERMIT NO. 67 15</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4136' GR 4144' KB</p>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

The #1 State was plugged and abandoned at a total depth of 4905' on March 20, 1967, as follows:

Displaced 15 sacks of cement at bottom of surface casing and 10 sacks on top of surface casing. Received waiver on bottom hole plug.

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

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

SIGNED Robert Chasels TITLE District Manager DATE March 21, 1967

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE Director DATE MAR 24 1967

CONDITIONS OF APPROVAL, IF ANY: