

075-06325

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GAS CONSERVATION COMMISSION THE STATE OF COLORADO

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

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO. GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Winn-Smith

9. WELL NO. #1

10. FIELD AND POOL, OR WILDCAT Mt. Hope - East

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 28-9N-53W

12. COUNTY OR PARISH Lggan

13. STATE Colorado

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 [] GAS WELL [] OTHER []

2. NAME OF OPERATOR Frank H. Walsh and Bander & Couch

3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 80751

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C SW NW Section 28-T9N, R53W At proposed prod. zone

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4199 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF [] PULL OR ALTER CASING [] FRACTURE TREAT [] MULTIPLE COMPLETE [] SHOOT OR ACIDIZE [] ABANDON [] REPAIR WELL [] CHANGE PLANS [] (Other) []

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [] REPAIRING WELL [] FRACTURE TREATMENT [] ALTERING CASING [] SHOOTING OR ACIDIZING [] ABANDONMENT [X] (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.)

Date of work _____ Plugging Date: 8/10/70

Ran sand from 4846', dumped 5 sax cement to 4805'. Dumped 15 sax cement 185', mud to 28', run 10 sax cement to base cellar and welded on cap.

Table with 2 columns and 5 rows: DVR, FJP, HHM, JAM, JJD. Checkmarks are present in the second column for FJP, JAM, and JJD.

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

SIGNED [Signature]

TITLE Owner

DATE 8/12/70

(This space for Federal or State office use)

APPROVED BY [Signature] CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR O & G CONS. COMM.

DATE AUG 17 1970



after re-entry