



00247094

ND GAS CONSERVATION COMMISSION RECEIVED OF THE STATE OF COLORADO

NOV 20 1970

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>OG70/7778-S</u>	
2. NAME OF OPERATOR <u>Davidor & Davidor, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>4545 Lincoln Blvd., Suite 16, Oklahoma City, Oklahoma 73105</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>SW$\frac{1}{4}$ of NE$\frac{1}{4}$, Section 24-8N-52W</u> At proposed prod. zone <u>Same as above.</u>		8. FARM OR LEASE NAME <u>State of Colorado</u>	
14. PERMIT NO. <u>70-446</u>		9. WELL NO. <u>1-24</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3988' GR; 3998' KB.</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24-8N-52W</u>	
		12. COUNTY OR PARISH <u>Logan</u>	
		13. STATE <u>Colorado</u>	

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) <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.)

On November 7, 1970 Contractor received verbal approval to plug as dry hole, plugging completed at 4:00 p.m. that day, as follows:

15 sx. cement plug at bottom of surface casing; 10 sx. cement plug in top of surface casing.

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

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

SIGNED

TITLE PresidentDATE November 16, 1970

(This space for Federal or State office use)

DIRECTOR

D & G CONS. COMM.

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 23 1970