



99999999

GAS CONSERVATION COMMISSION
THE STATE OF COLORADODuplicate for Patented and Federal lands.
File in duplicate for State lands.

075-08121

RECEIVED

E. LEASE DESIGNATION AND SERIAL NO.

APR 16 1969

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

COLO. OIL & GAS CONS. 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.)1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Dry Hole

RECEIVED

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Holly Resources Corporation

APR 16 1969

8. FARM OR LEASE NAME

Gotfredson

3. ADDRESS OF OPERATOR
1038 Guaranty Bank Bldg., Denver, Colorado 80202

COLO. OIL & GAS CONS. COMM.

9. WELL NO.

31-35

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 660' fr. N. line and 1973' fr. E. line

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35-12N-53W

At proposed prod. zone
same

C. NAME

14. PERMIT NO.

69-140

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4541' GL

4549' KB

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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 April 14, 1969

Plugged well with 15 sax in bottom of surface casing and 10 sax in top. P&A.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
IAM	<input checked="" type="checkbox"/>
LFD	<input checked="" type="checkbox"/>

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

SIGNED

E. B. Granville

TITLE

Production Manager

DATE

4/14/69

(This space for Federal or State office use)

APPROVED BY

D. V. Rogers

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

APR 17 1969



00300634