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COLO. OIL & GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO

RECEIVED

JUL 21 1980

REV. 7-64

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		13. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Ladd & Lukowicz, Inc.		14. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2340 Colorado State Bank Bldg., Denver, Co. 80202		15. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1360'FNL & 690'FWL At proposed prod. zone Same		16. FARM OR LEASE NAME Cliff	
14. PERMIT NO. 80-583		17. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4707' GR 4718' KB		18. FIELD AND POOL, OR WILDCAT Stubble	
		19. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T12N, R54W	
		20. COUNTY Logan	
		21. STATE Co.	

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"/>	

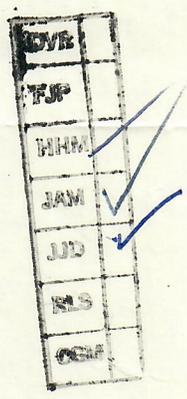
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Date of work 7-7-80

Spudded on 6-30-80. Set 187' - 8-5/8" 24# csg. & cmt. w/150 sx. Reached TD of 5750' on 7-7-80. Plugged & abandoned on 7-7-80 with 15 sx cmt. at base of surface csg. & 10 sx cmt. at top of surface csg. by Toltek Drilling Co.

*net*  
CEMENT VERIFICATION REQUIRED  
WITH PLUGGING REPORT



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

SIGNED J.D. Keisling TITLE Manager of Operations DATE 7-18-80

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE OCT 2 1984  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: