

AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

00284019

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.)

RECEIVED

SEP 22 1969

SOLO. OIL & GAS CONS. COMM.

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Chan cello Exploration & Exeter Drilling Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1010 Patterson Building, Denver, Colorado 80202</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>660' FSL & 1980' FWL</u> <u>At proposed prod. zone</u>		8. FARM OR LEASE NAME <u>Long</u>
14. PERMIT NO. <u>69 523</u>		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4911' Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SESW 24-12N-56W</u>
		12. COUNTY OR PARISH <u>Weld</u>
		13. STATE <u>Colorado</u>

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.)

Date of work 9-8-69

Well was plugged in following manner:

15 sacks bottom of surface
10 sacks top of surface

35 sx plug 6020-6120

Well was plugged and abandoned September 8, 1969

Steel cap was welded over top of well

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
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

Mahell

TITLE

Vice PresidentDATE 9-19-69

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
O & S CONS. COMM.

DATE

SEP 23 1969

CONDITIONS OF APPROVAL, IF ANY: