



00270724

**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

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

RECEIVED

APR -1 1969

5. LEASE DESIGNATION AND SERIAL NO.
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry hole | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR K & M Associates & Toltek Drilling Co. | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR 928 Midland Savings Building, Denver, Colorado | | 8. FARM OR LEASE NAME Hoffman-Lousberg | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 620' FWL Sec. 13-T9N-R57W | | 9. WELL NO. 1 | |
| At proposed prod. zone Same | | 10. FIELD AND POOL, OR WILDCAT McKenzie ✓ | |
| 14. PERMIT NO. 68-443 ✓ | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9N-57W | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4589 K.B. | | 12. COUNTY OR PARISH Weld ✓ | 13. STATE Colo. |

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 checked="" 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"/> | (and date) <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.)

5 1/2" casing cemented at 6071'. Unable to complete successfully. Currently pulling 5 1/2" casing to salvageable depth. Will plug and abandon.

| | |
|-----|-------------------------------------|
| DVR | <input 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 Jack W. Knight TITLE General Partner DATE Mar. 28, 1969

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 2 1969
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: