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OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

APR -1 1969

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		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR K & M Associates & Toltek Drilling Co. 222-8102		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 928 Midland Savings Building, Denver, Colorado		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 1980' FNL and 620' FWL Sec. 13-T9N-R57W		8. FARM OR LEASE NAME Hoffman-Lousberg	
At proposed prod. zone Same		9. WELL NO. 1	
14. PERMIT NO. 68-443		10. FIELD AND POOL, OR WILDCAT McKenzie	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4589 K.B.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9N-57W	
		12. COUNTY OR PARISH Weld	13. STATE Colo.

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

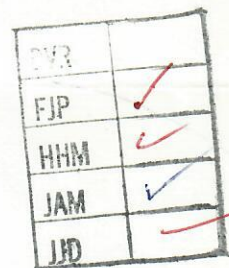
SUBSEQUENT REPORT OF:

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"/>	(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.)

5½" casing cemented at 6071'. Unable to complete successfully.
Currently pulling 5½" casing to salvageable depth. Will plug
and abandon.



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

SIGNED Jack W. KnightTITLE General PartnerDATE Mar. 28, 1969

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

APR 2 1969