



00270719

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 16 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR K & M Associates		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 928 Midland Savings Building, Denver, Colorado 80202		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 of Section 13 At proposed prod. zone Same		8. FARM OR LEASE NAME Hoffman-Lousberg	
14. PERMIT NO. 68-443		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4589' K.B.		10. FIELD AND POOL, OR WILDCAT McKenzie	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9N-57W	
		12. COUNTY OR PARISH Weld	13. STATE Colorado

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"/>	(and date)	X 3-29-69

(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.)

Pulled 4972' of 5-1/2" casing
Dumped 5 saks cement at 5990
Dumped 15 saks cement in and out 8-5/8" at 85'

DVR	
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 Spick W. KnightTITLE General PartnerDATE April 15, 1969

(This space for Federal or State office use)

APPROVED BY D.V. Rogers
CONDITIONS OF APPROVAL, IF ANY: SP

TITLE

DIRECTOR
OIL & GAS COMM.DATE APR 17 1969