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ATION COMMISSION F COLORADO

ted and Federal lands.
lands.

RECEIVED

AUG - 6 1968

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR The Bovaird Supply Company		8. FARM OR LEASE NAME Elenz	
3. ADDRESS OF OPERATOR P. O. Box 1401 Casper, Wyoming, 82601		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Pebble	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE4-Sec21-T12N-R52W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Logan Co.	
		13. STATE Colo.	

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT ☒

(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 7-30-68

Sand to top of perforations
Ran 5 sxs. cement bottom plug
Fill hole with mud
Ran 15 sxs. cement at bottom of surface casing
Fill surface casing with mud
Ran 10 sxs. cement at top of surface casing

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

Ex Oil Prod

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR

G & G CONS. COMM.

AUG 7 1968



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05-675-07306

ending 12-2-68