



REGULATION COMMISSION
OF COLORADO

State and Federal lands.
and 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.)

RECEIVED

DEC 11 1968

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

The Bovaird Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

COLO. OIL & GAS CONS. COMM.

Casper, Wyoming, 82601

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elenz

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Pebble

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SE4-Sec21-T12N-R52W

14. PERMIT NO.

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other)

(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	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<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

Robert M. Cobb

TITLE

Store Manager

DATE

8-3-68

(This space for Federal or State office use)

APPROVED BY

W. R. Rogers

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

AUG 7 1968

CONDITIONS OF APPROVAL, IF ANY:

05-875-07306



00823255

ending 12-2-68