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File in triplicate for State lands.

N COMMISSION
ORADO

RECEIVED

SEP 12 1969

Federal lands.

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Durland-Phillips

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Peavy

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

Sec. 20-T12N-R55W

12. COUNTY OR PARISH

Logan Co.

13. STATE

Colo.

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 GAS WELL OTHER

2. NAME OF OPERATOR
Chandler & Associates, Inc. 222-7911

3. ADDRESS OF OPERATOR
1401 Denver Club Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 660' from West line, 660' from South line of SW $\frac{1}{4}$
At proposed prod. zone (SW SW)

As Above

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4896

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 type="checkbox"/> |
| (Other) <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.)

Date of work _____

- Will attempt to pull 5 $\frac{1}{2}$ " casing plus or minus 400'.
- Gravel will be placed from PBDT to above perms (6204'-6205' and 6198'-6204') with a 5-sack cement plug on top.
- 15-sack cement plug at bottom of surface casing (502').
- 10-sack cement plug on top of surface.
- Casing cut off below ground level with steel welded cap.
- Work will be done by Steel Casing Pulling, Kimball, Nebraska.

| | |
|-----|-------------------------------------|
| DVR | <input checked="" 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

Jim S. Cook

TITLE

Geologist

DATE

9-11-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

SEP 15 1969

CONDITIONS OF APPROVAL, IF ANY:



00822965

DS - 075 - 07297