

API#  
OGCC FORM 4  
REV. 1/64



OIL AND GAS  
OF THE STATE OF COLORADO

RECEIVED

JAN - 5 1970

075-88198

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
9. WELL NO.  
10. FIELD AND POOL, OR WILDCAT  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
12. COUNTY OR PARISH  
13. STATE

### 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  
B. W. DRILLING, INC. & MILTON E. PARKER

3. ADDRESS OF OPERATOR  
205 South Locust, Kimball, Nebraska

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
NE/4 SW/4 2150' from South Line and 2080' from West Line.  
At proposed prod. zone  
Same as above

14. PERMIT NO. 69 790

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4720 GR

5. LEASE DESIGNATION AND SERIAL NO.  
COLO. OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Herboldsheimer

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
35-12N-54W

12. COUNTY OR PARISH  
Logan

13. STATE  
Colorado

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" 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"/>	

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"/>	

(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.)

#1 Plug set at 141 up with 15 sacks of regular cement.

#2 Plug set at top of surface casing down with 10 sacks.

Work completed on December 30, 1969.

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

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

SIGNED John Morrison TITLE Agent DATE December 30, 1969

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 6 1970  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

