

**OIL AND GAS CONSERVATION COMMISSION**  
DEPARTMENT OF NATURAL RESOURCES  
**OF THE STATE OF COLORADO**

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

RECEIVED

OCT 8 1975

**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  Dry

2. NAME OF OPERATOR  
Gower Oil Company

3. ADDRESS OF OPERATOR  
444 17th Street, Suite 804, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
600' FNL, 600' FEL SE 1/4 Sec. 31, T9N-R54W  
At proposed prod. zone

14. PERMIT NO. 75-434

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4342' GR



5. LEASE DESIGNATION AND SERIAL NO.  
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Luft-Pauling

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat ✓

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 31-T9N-R54W

12. COUNTY Logan

13. STATE Colorado

16. 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"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>         |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>        |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON <input type="checkbox"/>              | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) _____   |   |
| (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 September 27, 1975 Well spudded @ 2:00 p.m. 9/24/75

Loggers TD 5336' 8-5/8" OD 24# surface casing set @ 112'.  
Well plugged and abandoned as follows:

15 sx cement plug at bottom of hole - heavy mud from top of cement to surface casing. 10 sx cement at top of hole.  
Marker set.

|     |   |
|-----|---|
| DVR |   |
| FJP | ✓ |
| NHM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| GCH |   |
| CGM |   |

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

SIGNED Donald L. Vickary TITLE Production Manager DATE 10/7/75

(This space for Federal or State office use)

APPROVED BY D. Rogers TITLE DIRECTOR DATE OCT 10 1975

CONDITIONS OF APPROVAL, IF ANY:

T

X