

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>	
2. NAME OF OPERATOR <u>Gower Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>444 17th Street, Suite 804, Denver, Colorado 80202</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>600' FNL, 600' FEL SE 1/4 Sec. 31, T9N-R54W</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Luft-Pauling</u>	
14. PERMIT NO. <u>75-434</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4342' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 31-T9N-R54W</u>	
		12. COUNTY <u>Logan</u>	
		13. STATE <u>Colorado</u>	

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 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 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.)

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	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
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 Dr. Rogers TITLE DIRECTOR DATE OCT 10 1975

CONDITIONS OF APPROVAL, IF ANY:

X