

OIL A

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

(121-29156) RECEIVED
AUG 27 1976

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Oil & Gas Cons. Comm.</u>	
2. NAME OF OPERATOR <u>KEBA OIL & GAS COMPANY-ALLISON DRILLING CO., INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>2460 W. 26th Ave., 30C, Denver, Colorado 80211</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 At proposed prod. zone <u>C NW/4 NW/4</u>		8. FARM OR LEASE NAME <u>LANDAKER</u>	
14. PERMIT NO. <u>76-674</u>		9. WELL NO. <u>#1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4772 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat Westfork</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 20 - 3S - 55W</u>	
		12. COUNTY <u>Washington</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"/>		<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"/>		<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 8/24/76

P&A

Set 15 sx at bottom of surface pipe (130').
Set 10 sx at top of surface pipe.
Filled hole with drilling mud.

DVR	
FJP	
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 Tom Allison TITLE Agent DATE 8/26/76

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE AUG 31 1976
CONDITIONS OF APPROVAL, IF ANY: O & G CONS. COMM.



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PLUGGING REPORT

ALLISON DRILLING COMPANY

WELL NAME Landaker #1

LOCATION NW-NW SEC 20-3S-55W Washington

OPERATOR Keba

THIS WELL WAS FILLED WITH (WT) 10 LB 100V15 MUD/

15 SACKS WERE PUT AT THE BOTTOM OF SURFACE PIPE AND

10 SACKS AT THE TOP OF THE SURFACE PIPE, ON 8-24-76
DATE

TO MY KNOWLEDGE NO JUNK WAS LEFT IN THE HOLE. SEE ATTACHED
CEMENT TICKET IF OTHER CEMENT PLUGS WERE USED.

ALLISON DRILLING CO. REP. Tom Blake

(SIGNED) TOOLPUSHER

OR

OPERATOR REP. _____ TITLE _____

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