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CONSERVATION COMMISSION
STATE OF COLORADOPermit for Patented and Federal lands.
Permit for State lands.

RECEIVED

FEB 2 1982

12109764

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 ☐ GAS ☐
WELL WELL OTHER Dry Hole

2. NAME OF OPERATOR

Keba Oil & Gas Company

3. ADDRESS OF OPERATOR

2460 W. 26th Ave., Suite 30C, Denver, CO 80211

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FNL 760' FWL NW NW 16-3S-55W

At proposed prod. zone

Same

14. PERMIT NO.

82-65

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

4705 GR

5. LEASE DESIGNATION AND SERIAL NO.

74-7341-S

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

State

9. WELL NO.

11X-16

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 16-3S-55W

12. COUNTY OR PARISH 13. STATE

Washington

Colorado

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☒(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 perti-
nent to this work.)

1-23-82

Plugged with 15 sax of cement @ 120' and 10 sax at surface

00400561

| | |
|-----|-------------------------------------|
| DVR | |
| FJP | |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |
| RLS | |
| CGM | |

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

SIGNED Charles B. DavisTITLE Operations AssistantDATE 2-1-82

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR
O & G Cons. Comm.DATE FEB 4 1982