



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

RECEIVED

JAN 14 1982

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

OIL AND GAS CONSERVATION COMMISSION

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 checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION & SERIAL NO. | |
| 2. NAME OF OPERATOR Horizon Oil & Gas Co. of Texas | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 7, Spearman, Texas 79081 | | 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 1980' FSL & 1980' FWL At proposed prod. zone | | 8. FARM OR LEASE NAME Spikes | |
| | | 9. WELL NO. 1-26 | |
| | | 10. FIELD AND POOL, OR WILDCAT Flank Topeka A | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 33S 43W | |
| 14. PERMIT NO. 65-394 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3866' GL | 12. COUNTY Baca | 13. STATE Colo. |

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 checked="" type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Plug <input checked="" 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.)
Permission to Plug given by Frank Piro 12-28-81

18. Date of work 12-31-81

* Must be accompanied by a cement verification report.
Cement Report attached

2-7/8" Casing left in Hole
Loaded hole with Fluid
1 st Plug (40 Sacks) at 3219' to 1219'
2 nd Plug (15 Sacks) at 900' to surface
8-5/8" and 2-7/8" Cut off 3' below surface
wlded on Cap

EXHAUSTED
GAS WELL

| | |
|-----|--|
| DVR | |
| FJP | |
| HHM | |
| JAM | |
| JJD | |
| RLS | |
| CGM | |

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

| | | |
|--|---------------------------------|-------------------------|
| SIGNED <u>Everett R. Tracy</u> | TITLE <u>Production Manager</u> | DATE <u>1-9-82</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>[Signature]</u> | TITLE <u>DIRECTOR</u> | DATE <u>JAN 15 1982</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |