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

CONSERVATION COMMISSION OF COLORADO

RECEIVED

MAR 17 1967

COLO. OIL & GAS

5. LEASE DESIGNATION AND SERIAL NO.

Denver - 02894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

729288

MAR 31 1967

2. NAME OF OPERATOR

R & R Well Service Company

COLO. OIL & GAS CONS. COMM.

LuBauer

3. ADDRESS OF OPERATOR

P.O. Box 637 - Rangely, Colorado

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

At surface

NW NW $\frac{1}{4}$ of SE $\frac{1}{4}$

At proposed prod. zone

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Rangely - Mancos

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

Sec. 10, T-1N

R-102W

12. COUNTY OR PARISH

13. STATE

Rio Blanco

Colorado

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

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☒
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(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.)

Set cement plug and erected 4" dry hole marker.

Location ready for inspection.

Date of Plugging - March 13, 1967

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	
JAM	
JJD	<input checked="" type="checkbox"/>

pxa oil 1

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

SIGNED

TITLE

Accountant

DATE

March 15, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

Director

DATE

APR 3 1967

CONDITIONS OF APPROVAL, IF ANY:

A. P. I. NUMBER

05 103 40177



00565831