



01093366

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED

AUG - 8 1967

COLO. OIL &amp; GAS CONSERVATION

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                       |  | 867-5213                                       |  |
| 2. NAME OF OPERATOR<br>Millard H. Hney   |  | PHONE  |  |
| 3. ADDRESS OF OPERATOR<br>814 Morgan, Colo. Box 25   |  |  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface |  |  |  |
| At proposed prod. zone   |  |  |  |
| 14. PERMIT NO.   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |  |
|  |  |  |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  |  | 12. COUNTY OR PARISH 13. STATE                 |  |
|  |  |  |  |

## 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) <u>Temporary Abandon</u>             |   |

## 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 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.)

PLUGGING DATE

The well hasn't produced any oil for six months - It has turned to 99% water. Approximately 40 bbls total fluid per day when last pumped. Pipe is still in hole and well hasn't pumped for 6 months. Probably will shoot off casing if I don't give it further treatment. I will report next time I do something with it.

|     |   |
|-----|---|
| DVR |   |
| FJP |   |
| HMM | ✓ |
| JAM | ✓ |
| JJD |   |

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

SIGNED Millard H. HneyTITLE OwnerDATE Aug 4 1967

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

