

REV. 7-64

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

JUL 30 1968

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS CONS. COMM.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR E. J. Bahr and Rosemary Bahr 522-4334		3. ADDRESS OF OPERATOR 410 Elm Street, Sterling, Colorado 80751		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW 29, 2N- 56 West At proposed prod. zone Morgan County		5. LEASE DESIGNATION AND SERIAL NO. COLO. OIL & GAS CONS. COMM.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. #1		10. FIELD AND POOL, OR WILDCAT Burr		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW 29, 2N - 56W		12. COUNTY OR PARISH Morgan	
								13. STATE Colorado			

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"/>	

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"/>	

(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.)

Cmt 5165' - 5100' across perfs.

Heavy mud to surface pipe.

Cmt plug, 10 sks from 155' to surface, cmt in surface

PLUGGING DATE: July 1, 1968

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

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

SIGNED E. J. BahrTITLE OwnerDATE 7-29-68

(This space for Federal or State office use)

APPROVED BY W. Rogers
CONDITIONS OF APPROVAL, IF ANY:TITLE DirectorDATE AUG 7 1968

Ex Oil Prod