

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

RECEIVED

JAN 30 1969

SCANNER
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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Holly Resources Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1038 Guaranty Bank Bldg., Denver, Colorado 80202		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 C NW SE Section 18, T-2-N, R-54-W At proposed prod. zone		8. FARM OR LEASE NAME McCollister	
14. PERMIT NO. 68-532		9. WELL NO. 33-18	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4533' G.L. 4540' K.B.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-2N-54W	
		12. COUNTY OR PARISH Washington	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) ☐
(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.)

Date of work January 29, 1969

Plugged well with 15 sax in bottom of surface casing and 10 sax in top of surface casing.



00085221

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

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

SIGNED

E. B. Granville

TITLE

Production Manager

DATE

1/29/69

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

FEB 4 1969

CONDITIONS OF APPROVAL, IF ANY: