

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

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



RECEIVED
JUN 27 1975

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 Summit Oil Co., & Exeter Drlg. Northern, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3545 South Tamarac, Denver 80237		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 Piland & Co.
14. PERMIT NO. 75 488		9. WELL NO. A#1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5472' GR		10. FIELD AND POOL, OR WILDCAT Wildcat ✓
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW 15-3S-64W,
		12. COUNTY 13. STATE Adams 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"/> XX ✓
(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.)

Date of work P&A 6/23/75

Well was plugged as follows

50 sx. - 1440 to 1610'

15 sx. - 175 to 230'

10 sx. - top of surface

A steel cap was welded over top of surface.

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

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

SIGNED

TITLE

AGENT

DATE

6/26/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

JUL 2 1975

CONDITIONS OF APPROVAL, IF ANY:

X