



AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

MAY 5 - 1967

COLO. OIL & GAS CONSERV. COM.

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

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  GAS WELL  OTHER Water injection

2. NAME OF OPERATOR Guest & Moller Oil Company

3. ADDRESS OF OPERATOR 1726 Jacksboro Hwy, Wichita Falls, Texas 76302

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface SW SE SW 330+51  
At proposed prod. zone Muddy 1650' full

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME Luft

8. FARM OR LEASE NAME C. Luft, Jr.

9. WELL NO. 5 WI

10. FIELD AND POOL, OR WILDCAT Luft

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 17, T8N - R53W

12. COUNTY OR PARISH Logan 13. STATE Colorado

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1164 GL

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |   |
|--|---|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>         |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>        |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON <input type="checkbox"/>              | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input 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.)

Well plugged as specified on our approved abandonment procedure. Recovered 3612' 5 1/2" on 1-28-67. Surface marker placed in surface pipe.

*Ex Ori Prod.*

|     |                                     |
|-----|-------------------------------------|
| DVR | <input type="checkbox"/>            |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input type="checkbox"/>            |
| JAM | <input checked="" type="checkbox"/> |
| LJD | <input checked="" type="checkbox"/> |

18. I hereby certify that the foregoing is true and correct  
SIGNED Robert L. Moller TITLE Partner DATE 5-3-67

(This space for Federal or State office use)

APPROVED BY Dr. Rogers TITLE Director DATE JUN 7 1967  
CONDITIONS OF APPROVAL, IF ANY.

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