



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

JUL 23 1976

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		10. LEASE DESIGNATION AND SERIAL NO. 100-91-705 CONS. COMM.	
2. NAME OF OPERATOR Kenneth Luff Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR 1730 Colo. State 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 S/2, S/2 NE/4, S/2, NW/4, NW/4 At proposed prod. zone NW/4		8. FARM OR LEASE NAME Kasper	
14. PERMIT NO. 76 362		9. WELL NO. 1-19	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4265' KB & 4255' GL		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T8N, R54W	
		12. COUNTY Logan	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 checked="" 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.)

Date of work **June 5, 1976** *2024? says 4th in compl. report*

Verbal permission was received from a representative of the State Oil and Gas Commission on June 4, 1976 to Plug and Abandon well with 15 sacks across base of surface pipe and 10 sacks in the top of surface pipe. Left 6 drill collars 172', 2 joints flex weight drill pipe 61' and bit in bottom of hole.

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

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

SIGNED Robert H. DeLeon TITLE Petroleum Engineer DATE 7-22-76

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE AUG 25 1976
 CONDITIONS OF APPROVAL, IF ANY:

X