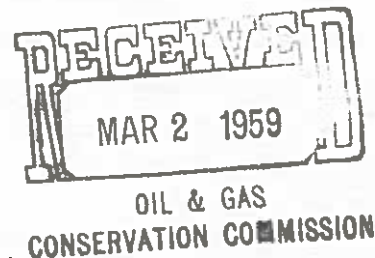




00217929

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

SUNDRY NOTICES AND REPORTS ON WELLS

INSTRUCTIONS

Notice must be given to the Director, and approval obtained in advance of the time when the owner or operator expects to recomplete or abandon a well or to change plans. Within thirty (30) days after recompletion, change of plans, or remedial work, a detailed report of the work done and the results obtained shall be submitted on this form in duplicate for wells on Patented and Federal lands, and in triplicate for wells on State lands. In work that affects only rods, pumps or tubing or other routine work such as, but not limited to, cleaning out to previous total depth, no report is necessary.

Notice of Intention to Recomplete ☐Report of Remedial Work ☐Notice of Intention to Change Plans ☐Report of Recompletion ☐Notice of Intention to Abandon Well ☒Other ☐

(Check appropriate space)

LEASE NAME MORISON WELL NO. 5
FIELD N.W. Gravlin WILDCAT COUNTY Logan
LOCATION Lot #1 Section 1 Township 8 N Range 54 W Meridian 6PM
(Quarter Quarter)
330 feet from South Section Line and 330 feet from West Section Line of Lot #1
N or S E or W

(DETAILS OF WORK)

This well completed as a J-2 sand producer in June 1954. This formation watered out and in attempting to return well to a commercial producer the J-1 sand was perforated but was unable to recover all load oil used in the operation. Since there is no other possible producing zone in this well it is proposed to plug and abandon by setting a rock and cement bridge above perforations, shoot off casing and pull, fill hole with heavy mud with a 15 sax cement plug in bottom of surface casing, 10 sax cement plug in top of surface casing, erect dry hole marker, level and abandon location.

AJJ	
DVR	
WRS	
HMM	
JAM	
FJP	
JJD	
FILE	

I/We hereby swear (or affirm) that the statements herein made are a full and correct report.

APPROVED:

Company British-American Oil Date 2-27-59Address Box 180, Denver, Colo Phone No. AC 2 9401By Shamus M. Hoffman Title Dist. Supt.
(Signature)

Date

Director