

MAY 5 - 1967

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

COLO. OIL & GAS CON. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Guest & Moller Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4726 Jacksboro Hwy, Wichita Falls, Texas 76302		7. UNIT AGREEMENT NAME Luft
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1002 N/L & 990 E/L NE/4 At proposed prod. zone Muddy		8. FARM OR LEASE NAME G. Morris
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4175.03 GR	9. WELL NO. 22P
		10. FIELD AND POOL, OR WILDCAT Luft
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20, T8N - R53W
		12. COUNTY OR PARISH Logan
		13. STATE Colorado

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 32 1/4' 5 1/2" on 2-13-67. Surface marker placed in surface pipe.



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

EX O-i Prod.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Partner DATE 5-3-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE JUN 7 1967
CONDITIONS OF APPROVAL, IF ANY: