

RECEIVED

MAY 5 - 1967

OGOC FORM 4

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 CONSERVATION COMMISSION SERIAL NO.



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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Guest & Moller Oil Company		7. UNIT AGREEMENT NAME Luft
3. ADDRESS OF OPERATOR 4726 Jacksboro Hwy, Wichita Falls, Texas 76302		8. FARM OR LEASE NAME D. M. Knudson
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' S/N line & 900' E/W line G-NE-NWENW At proposed prod. zone Muddy		9. WELL NO. 3P
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Luft
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4190 GR - 4202 KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, 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"/>
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)			

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)			

(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 3905' 5 1/2" on 8-3-66. Surface marker placed in surface pipe.

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

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

SIGNED: *Robert M. ...*

TITLE Partner

DATE 5-3-67

(This space for Federal or State office use)

APPROVED BY: *W. Rogers*
CONDITIONS OF APPROVAL, IF ANY:

TITLE Director

DATE JUN 7 1967

T

