



00786407

REV. 7-66

# AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

MAY 5 - 1967

COLO. OIL & GAS CONSV. 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"/>		6. 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 SW NE SW 990fs1 At proposed prod. zone Muddy 990ful		8. FARM OR LEASE NAME C. Luft, Jr.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4173' GR - 4182' KB	9. WELL NO. 11P
		10. FIELD AND POOL, OR WILDCAT Luft
		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:

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) <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.)

Well plugged as specified on our approved abandonment procedure.  
Recovered 3890' 5 1/2" on 5-13-66. Surface marker placed in surface pipe.

Ex Oil Prod.

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

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:

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