

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED

APR 3 1970

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS CONS. COMM.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry hole</p> <p>2. NAME OF OPERATOR Knight & Miller Oil Corporation</p> <p>3. ADDRESS OF OPERATOR 919 Midland Savings Bldg., Denver, Colorado 80202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FSL & 660' FEL of NE/4 Section 24 At proposed prod. zone Same</p> <p>14. PERMIT NO. 69 745</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Tetsell</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Yo-Yo "J" Sand</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, 8N, 53W, 6th P.M.</p> <p>12. COUNTY OR PARISH Logan</p> <p>13. STATE Colo.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3982' G.L. 3990 K.B. </p>	

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 checked="" type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

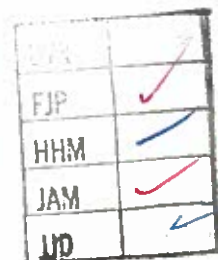
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Plugged @ 120' with 120 sacks

Plugged @ 10' with 30 sacks



00252039



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

SIGNED

Jack W. Knight

TITLE

Agent

DATE

4/1/70

(This space for Federal or State office use)

APPROVED BY

Mike Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

APR 6 1970

CONDITIONS OF APPROVAL, IF ANY: