

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

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

RECEIVED

NOV 29 1978



00210349

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>D.H.</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Burlington Northern Inc</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 1855, Billings, Mt 59103</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>C NWSW 3 - 8N - 48W</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Haynes</u>	
14. PERMIT NO. <u>78-636</u>		9. WELL NO. <u>13-3</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4115 KB</u>		10. FIELD AND POOL, OR WILDCAT <u>Dailey</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>3 - 8N - 48W</u>	
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.)		12. COUNTY <u>Logan</u>	
18. I hereby certify that the foregoing is true and correct		13. STATE <u>Co</u>	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(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.)

Date of work _____

Per telecon & verbal approval, we propose to plug and abandon as follows;

Plug #1 25 sx across top of 4½ casing left in hole.

#2 20 sx across shoe @325

#3 10 sx surface

BVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓
RWS	
CGM	

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

SIGNED

TITLE Production ManagerDATE 11-27-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

DEC 1 1978

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR
 U S O G M L BOARD