

# OIL AND GAS CONSERVATION COMMISSION

## DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

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



00287219

EASE DESIGNATION AND 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>Raymond Oil Company, Inc. (purchased from D &amp; I Oil Co., effective 2-1-73)</b></p> <p>3. ADDRESS OF OPERATOR <b>200 West Douglas, Wichita, Kansas 67202</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>SE NW SW</b> At proposed prod. zone <b>990 S/N 990 E/W SW</b></p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Knutson</b></p> <p>9. WELL NO. <b>6 075-06048</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Yenter</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>2-8N-54W</b></p> <p>12. COUNTY <b>Logan</b></p> <p>13. STATE <b>Colorado</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4278' KB</b></p>	

#### 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☒CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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 As soon as possible

Gravel above perfs  
5 Sx cement above gravel  
15 Sx cement at bottom of surface  
10 Sx cement at top of surface

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHS	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

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

SIGNED

**Patrick R. Raymond**

TITLE

**Vice-President**DATE **2-23-73**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY.

TITLE

**DIRECTOR**

O &amp; G COM. COM.

DATE

**MAR 6 1973**

*Raymond* 2-1676