



00283234

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

FEB 20 1973

OIL & GAS CONS. 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"/>		5. LEASE DESIGNATION AND SERIAL NO. C-12636
2. NAME OF OPERATOR Sohio Petroleum Company & May Petroleum Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 673, Russell, Kansas 67665		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 1990' FNL & 669' FWL Sec. 27-11N-81W of 6th P.M. At proposed prod. zone		8. FARM OR LEASE NAME U.S. Gov't
14. PERMIT NO. 721012 ✓	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8,552' GR	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat ✓
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.) * Lease covers all of Section 27 except SE NW, NE NE, E/2 NW NE & SW NW NE. Well was plugged and abandoned 1-16-73 as follows: 2,650' up 60 sx 450' up 25 sx Surface 10 sx w/dry hole marker 9-5/8" 36# casing set at 387' and cemented w/230 sx cement. Pipe was left in hole.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NW Sec. 27-11N-81W *
		12. COUNTY OR PARISH Jackson
		13. STATE Colorado

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(and date) _____

X 1-16-73

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

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

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

SIGNED *J. Walters*

TITLE **Dist. Supt.**

DATE **2-15-73**

(This space for Federal or State office use)

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

TITLE **DIRECTOR**
OGCC COM. COMM.

DATE **FEB 21 1973**