

# 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  
G 30 1976

### 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 checked="" type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Bennett Petroleum Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1776 Lincoln St., Suite 808, Denver, Colorado 80203</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>720' E WL &amp; 1980' S NL</u>  At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Champlin</u>	
14. PERMIT NO. <u>76-672</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5747.8 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SW/4 NW/4, Sec. 27-11N-</u>	
		12. COUNTY <u>Larimer</u>	
		13. STATE <u>68W Colorado</u>	

### 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.)

Date of work 8/24/76

Well Plugged and Abandoned

First Plug: 210'-165', 15 sx.

Second " 30'- 0, 10 sx.

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CCM	<input checked="" type="checkbox"/>

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

SIGNED Carline Maniatis

TITLE Corp. Secretary

DATE August 27, 1976

(This space for Federal or State office use)

APPROVED BY W. Rogers  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

AUG 31 1976



ALLISON SERVICE CO.  
CEMENTING TICKET

RECEIVED  
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Date 8-24-76 Place \_\_\_\_\_ Order No. 260197 Outfit No. \_\_\_\_\_  
Well No. 1 Farm Champion County Larimer Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_

Owner of Well Bennett Corp. SAME

Mail Address \_\_\_\_\_ Contractor Allison D.M.C.  
City \_\_\_\_\_ State \_\_\_\_\_

Depth of well 7728 Depth of Job 210 Casing { Used \_\_\_\_\_ Size \_\_\_\_\_ Size of Hole 7 7/8  
Kind of Job Plug to Aband. { New \_\_\_\_\_ Weight 16 1/2 Amount and Kind of Cement 25 SK.  
Size { Drill Pipe 4 1/2 { Rotary \_\_\_\_\_ Power \_\_\_\_\_ Truck No. 53  
Tubing \_\_\_\_\_ { Cable \_\_\_\_\_ Tools \_\_\_\_\_ Steam \_\_\_\_\_ Truck No. \_\_\_\_\_

Special Tools \_\_\_\_\_ Plugs Yes \_\_\_\_\_ No \_\_\_\_\_ If Plug Back, From \_\_\_\_\_ To Approx. \_\_\_\_\_

Floating Equipment Used None

Time Required Mixing and Pumping Cement 1 hr. Press. { Maximum 200 Cement Left in pipe by { Request Necessity 15 Feet  
Circulating 100

Condition of Mud OK Condition of Well at time of Cementing \_\_\_\_\_ Chemical Used \_\_\_\_\_

Price Reference \_\_\_\_\_ Truck called out 9:00 AM On location 11:30 AM Job Began 1:00 PM Job Completed 2:00 PM

Price Job 365.00 Material left on well None

Mileage 121.10 REMARKS:

Second Stage \_\_\_\_\_  
Other \_\_\_\_\_  
Total Chg. 486.10  
1st Plug 210-165 15 SK.  
2nd Plug 30-0 10 SK.

The above job was done under the supervision of the owner, operator, or his agent whose signature appears here below:

Cementer Cole Agent of Contractor or Operator  
Helper Cole District At Moreau State Col.

As a part of the consideration hereof, it is agreed that Allison Service Co. shall not be liable or responsible for any loss, damage or injury to said well resulting from the use of such cementing equipment, or for the acts of any person engaged in doing such work on the above described well.

This order must be signed before work is commenced.

It is expressly understood and agreed that Allison Service Co. will not be bound by any agreement not herein contained.

1541