

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

RECEIVED

FEB 15 1974



00275425

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

15. LEASE REGISTRATION NO. COMM

FEE

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>DRY HOLE</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>BURTON/HAWKS, INC.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 359, CASPER, WYOMING 82601</b>		8. FARM OR LEASE NAME <b>STANLEY W. FLUHARTY</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>660' FNL, 1920' FWL (NE 1/4 NW 1/4)</b> At proposed prod. zone		9. WELL NO. <b>#30-1</b>
14. PERMIT NO. <b>74-21</b>		10. FIELD AND POOL, OR WILDCAT <b>WILDCAT</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4127' GR., 4137' KB</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 30, T10N-R52W</b>
		12. COUNTY <b>LOGAN</b>
		13. STATE <b>COLORADO</b>

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

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

Date of work JANUARY 23, 1974

THIS WELL WAS DRILLED TO A TOTAL DEPTH OF 4960' DRILLER, 4955' LOG, AND LOGGED WITH THE FOLLOWING LOG TOPS: NIOBRARA AT 3944', GREENHORN AT 4624', BENTONITE MARKER AT 4642', D SAND AT 4741', J SAND AT 4910'. WELL WAS PLUGGED AS FOLLOWS:

15 SACKS ACROSS BOTTOM OF SURFACE CASING; 10 SACKS AT TOP OF SURFACE CASING.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<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 Robert E. Wellborn TITLE EXPLORATION MANAGER DATE 2-12-74  
ROBERT E. WELLBORN

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE FEB 19 1974  
W. ROGERS  
 CONDITIONS OF APPROVAL, IF ANY: