

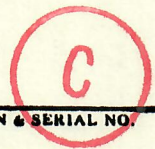


00255018

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

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

05-075-08915



# 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 & SERIAL NO.                                  |                  |
| 2. NAME OF OPERATOR<br>LASMO Energy Corp.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |                  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1365, Great Bend, Kansas 67530   |  | 7. UNIT AGREEMENT NAME   |                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1800' FNL & 2040' FEL of Sec. 18-9N-52W<br>At proposed prod. zone |  | 8. FARM OR LEASE NAME<br>Hamil Bros.                               |                  |
|  |  | 9. WELL NO.<br>#18-1   |                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT<br>Hamil Ranch                      |                  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18-9N-52W |                  |
| 14. PERMIT NO.<br>811158   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3980' GL | 12. COUNTY<br>Logan  | 13. STATE<br>Co. |

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS.

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL.

(Other)

## 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.)

18. Date of work 1-03-89 through 1-10-89

\* Must be accompanied by a cement verification report.

Ran sand to 4650'. Dumped 5 sacks cement on sand. Pumped 20 sacks cement in and out bottom of surface at 174'. Dumped 10 sacks cement in top of surface. Welded on cap.

\* PULLED CAG @ 3600', 101 STS. SEE CV FOR DETAILS



RECEIVED

JAN 27 1989

COLO. OIL &amp; GAS CONS. COMM

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

SIGNED

TITLE

DONNELLY CASING PULLING CO.  
Robert Donnelly

DATE

1-25-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

DATE

FEB 02 1989