

# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

RECEIVED  
'DEC 21 1970  
COLO. 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>70/7677-S</u>	
2. NAME OF OPERATOR <u>Knight &amp; Miller Oil Corp. &amp; C &amp; K Petroleum, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>919 Midland Savings Bldg, Denver, Colo. 80202</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>1980' FWL &amp; 600 FNL</u> At proposed prod. zone <u>Same as above</u>		8. FARM OR LEASE NAME <u>State</u>	
14. PERMIT NO. <u>70 637</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4096' Gr</u>		10. FIELD AND POOL, OR WILDCAT <u>Shoreline</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>16-9N-53W</u>	
		12. COUNTY OR PARISH <u>Logan</u>	13. STATE <u>Colo.</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"/>		<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"/>		<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.)

Plugged with 15 sx at bottom of surface  
10 sx at top of surface

*Date?*

*12/9/70*

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

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

SIGNED Floyd H. Miller TITLE Agent DATE 12-14-70

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 22 1970  
CONDITIONS OF APPROVAL, IF ANY: