

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

Y 28 1975

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 checked="" type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. 5010. OIL & GAS CONS. COMM.	
2. NAME OF OPERATOR Zoller & Danneburg, Inc. & Oxford Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1360, 1600 Broadway, Denver, Colorado 80202		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 CNWNE, Section 36, T9N, R52W At proposed prod. zone		8. FARM OR LEASE NAME State	
14. PERMIT NO. 74-914		9. WELL NO. #1-36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3865 GL; 3873KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36-T9N-R52W	
		12. COUNTY Logan	13. STATE Colorado

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 November October 22, 1974

Plugged and abandoned
15 sacks cement bottom of surface
10 sacks cement top of surface

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

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

J. W. Gibson Well Service, Inc.

SIGNED

TITLE Office Manager

DATE 5/21/75

(This space for Federal or State office use)

APPROVED BY

DIRECTOR

TITLE

DATE

MAY 29 1975

CONDITIONS OF APPROVAL, IF ANY:

VIOLATION

REMARKS: Report due within 30 days.