

API #

OGCC FORM 4

REV 7-64

OIL AND GAS



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RECEIVED

APR 10 1969

075-08120

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

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. OIL WELL GAS WELL OTHER **Dry Hole**

2. NAME OF OPERATOR **Holly Resources Corporation**

3. ADDRESS OF OPERATOR **1038 Guaranty Bank Bldg., Denver, Colorado 80202**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **812' fr. E line & 662' fr. S. line**
At proposed prod. zone **same**

14. PERMIT NO. **69-135** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4568' GL 4576' KB

5. LEASE DESIGNATION AND SERIAL NO. **COLO. OIL & GAS CONS. COMM.**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Gillham**

9. WELL NO. **44=35**

10. FIELD AND POOL, OR WILDCAT **Winchester**

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA **Sec. 35-12N-53W**

12. COUNTY OR PARISH **Logan** 13. STATE **Colorado**

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	<input checked="" type="checkbox"/> ABANDONMENT
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	<input checked="" 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 April 9, 1969 *No Core Approval*

Plugged well with 15 sax cement in bottom of surface casing and 10 sax in top. P&A.

DVR	
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 E. D. Braville TITLE Production Manager DATE 4-9-69

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 11 1969
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:



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