

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



00278540

RECEIVED

OCT 22 1982

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

SUNDRY NOTICES AND REPORTS ON WELLS AS CONS. COMM.

(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		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Ladd & Lukowicz, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1730, 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 660' FSL & 660' FWL (SW SW) At proposed prod. zone same		8. FARM OR LEASE NAME Cliff	
14. PERMIT NO. 78-944		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4714 GR		10. FIELD AND POOL, OR WILDCAT Wildcat Stubble	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 23 12N R54W	
		12. COUNTY 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"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 9/9/82

Move in Donnelly Casing pulling rig 9/9/82 and pulled 5687' 2-3/8" tbg. Ran sand to 5700' and dumped 5 sx cmt on sand. Shot off 4-1/2" 10.5 lb csg @ 4700'. Pulled csg to 1000'. Pumped 25 sx cmt, pull remaining csg. set 25 sx cmt 1/2 in and 1/2 out of 8-5/8" 24 lb surface casing set @ 169' KB. Mudded to 25'. Set 10 sx cmt to 4' below ground level. Welded on cap, restored location and ready for inspection.

EXHAUSTED GAS WELL



NOV	
SEP	
AUG	
JUL	✓
JUN	
MAY	
APR	
MAR	
FEB	
JAN	

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

SIGNED [Signature] TITLE Operations Engineer DATE 10/21/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
O & G Cons. Comm. DATE NOV 10 1982

CONDITIONS OF APPROVAL, IF ANY: