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 REV. 7-64

075-06431

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

COLORADO OIL & GAS COM. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. COMM.																				
2. NAME OF OPERATOR The Bovaird Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR Box 1032 Kimball, Nebraska 69145		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 2031 fwl 845 fwl		8. FARM OR LEASE NAME Green																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 1																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT MT HOPE EAST																				
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) Plugging</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		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) Plugging	<input checked="" type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20, T9N, R53W
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		12. COUNTY Logan																				
		13. STATE Colorado																				

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 **October 14, 1971**

**Dumped Sand Across Perf. & 5 Sacks Cement Plug --9# Mud Between Plugs--
 10 Across Surface Casing Shoe -- 10 Sacks at Top -- Weld Plate on Top
 of Surface.**

PERFORATION: J-1 Sand 5032-34' & 5048-52'
 TD --5120
 PBTD -- 5090

Ex Oil Prod.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<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 J. A. Peterson TITLE Store Manager DATE 11-5-71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 12 1971

CONDITIONS OF APPROVAL, IF ANY:

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