



99999999  
 rule in triplicate for State lands.

ION COMMISSION  
 OLORADO

RECEIVED

JUL 20 1967

63/3  
 COLO. OIL & GAS CONSV. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

State-Brown #1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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

2. NAME OF OPERATOR

E. Lyle Johnson

PHONE

SW 4-5655

3. ADDRESS OF OPERATOR

626 N. Broadway, Moore, Oklahoma

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
 See also space 17 below.)

At surface

C W/2 NE

At proposed prod. zone

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Same

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Chappell

11. SEC., T., R., M., OR BLK. AND  
 SURVEY OR AREA

36, 12N, 44W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3580 K. B.

12. COUNTY OR PARISH  
 Sedgwick13. STATE  
 Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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.)

Propose to plug off present depleted D. Sand perforated  
 at 3220-25, pull 4 1/2" casing and abandon, starting operations  
 shortly after August 1st, 1967

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

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

SIGNED

TITLE

DATE July 18, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE JUL 21 1967

CONDITIONS OF APPROVAL, IF ANY:

DS-115-05058



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