



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form Approved
Publications 20, 40-21,000
U. S. LEASE INFORMATION AND SERIAL NO.
08349
WELLS, ALLOTMENT, TRACT NAME
No. of Wells, Tracts, or Subdivisions
No. of Acres or Hectares
No. of Sections or Blocks
No. of Townships or Ranges
No. of Counties or States
No. of Bureaus or Districts
No. of Offices or Divisions
No. of Agents or Inspectors
No. of Engineers or Technicians
No. of Clerks or Assistants
No. of Drivers or Laborers
No. of Horses or Mules
No. of Cattle or Hogs
No. of Sheep or Goats
No. of Poultry or Swine
No. of Bees or Birds
No. of Fish or Aquatic Animals
No. of Plants or Trees
No. of Minerals or Fossils
No. of Other Resources
No. of Other Features
No. of Other Structures
No. of Other Equipment
No. of Other Materials
No. of Other Supplies
No. of Other Tools
No. of Other Instruments
No. of Other Machines
No. of Other Vehicles
No. of Other Buildings
No. of Other Structures
No. of Other Facilities
No. of Other Services
No. of Other Activities
No. of Other Operations
No. of Other Processes
No. of Other Methods
No. of Other Techniques
No. of Other Procedures
No. of Other Practices
No. of Other Customs
No. of Other Traditions
No. of Other Beliefs
No. of Other Attitudes
No. of Other Values
No. of Other Principles
No. of Other Standards
No. of Other Criteria
No. of Other Measures
No. of Other Standards
No. of Other Criteria
No. of Other Measures

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> <p align="center">RECEIVED BR OF OIL & GAS OPERATIONS AUG 25 1967 U. S. GEOLOGICAL SURVEY DENVER, COLORADO</p> </div>	2. NAME OF OPERATOR W. C. WALKER
3. ADDRESS OF OPERATOR Box 681, Walden, Colorado			3. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface NE 1/4 NE 1/4			10. FIELD AND TOWN OR WILDCAT South McCall
14. PERMIT NO.			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20-T9N-R7E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 8264' KB, 8254' Gr.		12. COUNTY OR PARISH Jackson	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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Plug and abandon well as follows:

1. Place cement plug across perforations from 5750' to 6000'
2. Place 50' cement inside casing and 50' above casing stub, after cutting and pulling casing.
3. Fill hole with mud.
4. Place 10 sackcement plug at top of surface pipe and erect proper marker.
5. 100' at base of surface casing, 50' in and 50' out.
6. Clean and level location.

FVR	
FJP	
HIM	<input checked="" type="checkbox"/>
AM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

RECEIVED
FEB 11 1969
COLO. OIL & GAS CONS. COMM.

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

SIGNED *Willie C. Walker* TITLE **Lessee** DATE **8/25/67**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

APPROVED

SEP 5 1967

Rudolph C. Baier, Jr.

RUDOLPH C. BAIER, JR.

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-21424

5. LEASE DESIGNATION AND SERIAL NO.

Colo. 08349

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rogers

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South McCallum

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

Sec. 20-T9N-R78W

12. COUNTY OR PARISH

Jackson

13. STATE

Colo.

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
Willis C. Walker

3. ADDRESS OF OPERATOR
Box 681, Walden, Colo.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
NE 1/4 NW 1/4

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8254 KB 8254 Gr.

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.)*

Well plugged and abandoned, marker erected, location cleaned and leveled to satisfaction of Forest Service. B.C.M.

This form prepared in the Denver office to complete the record.

RECEIVED

FEB 11 1969

COLO. OIL & GAS CONS. COMM.

Accepted as a Matter of Record
8-12-68
Business

Inspect 4-24-68
RCH
Exhausted oil well

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 _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: