



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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.)

MAY 25 1965

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry hole	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Midwest Oil Corporation	8. FARM OR LEASE NAME Southland Royalty Federal
3. ADDRESS OF OPERATOR 1700 Broadway, Denver, Colorado 80202	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE SE 3300' FNL & 660' FEL Sec. 20	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 64 430	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8296 KB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T9N, R78W	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

In accordance with State of Colorado instructions well to be plugged and abandoned:

Sand from TD 6210' to 6100'
10 sax cement @ 6100'
20 sax cement @ cut-off of 4 1/2" casing (est. 4500')
15 sax cement @ 2000' - bottom of 7" casing
10 sax at surface w/proper marker.

Contr. Donnelly Casing Pulling Co.

CR OK w/

DVR	
WRS	
HMM	
JAM	
FJP	
JJD	
FILE	

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

ORIGINAL SIGNED

SIGNED BY C. E. COOK

TITLE District Supt.

DATE 5-24-65

(This space for Federal or State office use)

APPROVED BY D. V. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE Director - OGCC

DATE MAY 26 1965

*See Instructions on Reverse Side