



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 **Dry Hole**

2. NAME OF OPERATOR **Midwest Oil Corporation**

3. ADDRESS OF OPERATOR **1700 Broadway, Denver, Colorado**

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**

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Southland Royalty Federal**

9. WELL NO. **1**

10. FIELD AND POOL, OR WILDCAT **Wildcat**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **Sec. 20, T9N, R78W**

12. COUNTY OR PARISH **Jackson**

13. STATE **Colorado**

14. PERMIT NO. **64 430**

15. ELEVATIONS (Show whether DF, RT, GR, etc.) **8296 KB**

RECEIVED
JUL 29 1965
OIL & GAS
RESERVATION COMMISSION

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.)*

Location leveled and marker installed.

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

SIGNED BY C. E. COOK TITLE District Supt. DATE 7-23-65

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE AUG 3 1965

cc: Central file (thru W. Landon)
Jack Goostree
Colo. Commission
So. Royalty Fed.
Natl. Coop. Refining Assoc.
Geol. Dept.

COLO. OIL & GAS COMM

*See Instructions on Reverse Side

DVR	
WRS	
HHM	
JAM	✓
EJP	✓
JJD	✓
FILE	

8/25/65 P+A OK, Jim