

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

OCT 4 1968

SUNDRY NOTICES AND REPORTS ON WELLS - & GAS CONS. COMM.

(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. | |
| 2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR BOX 1031, 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 SE SW Section 20, T12N, R55W of 6th P.M. At proposed prod. zone MUDDY "D" 6030'-6036' | | 8. FARM OR LEASE NAME DURLAND TRUST | |
| 14. PERMIT NO. | | 9. WELL NO. C-1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4825 GR | | 10. FIELD AND POOL, OR WILDCAT PEAVY | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T12N, R55W | |
| | | 12. COUNTY OR PARISH LOGAN | |
| | | 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"/> | FULL OR ALTER CASING | <input checked="" 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.)

TD 6110, 8-5/8" CSG @411', 4-1/2" CSG @6188'. Completed 8/17/62 for I.P. 200 BOPD, 48 BOPD from perfs at 6133. Plug Back "J" Sand Perfs September 1968. Perfed 6030'-6036'. Recovered 100% water. Well is currently shut-in.

We propose to plug well as follows:

1. Plug back with sand to 6030'.
2. 20 Sacks cement plug from 6030' to 5750'.
3. Cut 4-1/2" Casing at free point and pull.
4. 15 Sacks cement plug in and out 8-5/8" Casing at 411'.
5. 10 Sacks cement plug at surface.
6. Cut 8-5/8" Casing 3' below ground level.

Mud laden fluid will be left between plugs.

| | |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HMM | <input checked="" type="checkbox"/> |
| IAM | <input checked="" type="checkbox"/> |
| IID | <input checked="" type="checkbox"/> |

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

SIGNED

R. W. Schroeder

TITLE

Supervisor in Charge

DATE 10/3/68

(This space for Federal or State office use)

DIRECTOR

O & G CONS. COMM.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE

OCT 7 1968



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