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U.S. CONSERVATION COMMISSION
STATE OF COLORADOState for Patented and Federal lands.
Rule in triplicate for State lands.

RECEIVED

JAN 23 1969

5. LEASE DESIGNATION AND SERIAL NO.

COLO. OIL & GAS CONS. COMM.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FARM OR LEASE NAME DURLAND TRUST
3. ADDRESS OF OPERATOR P. O. BOX 1031, KIMBALL, NEBRASKA 69145	9. WELL NO. C-1
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	10. FIELD AND POOL, OR WILDCAT Peavy
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4825 Gr
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"/>	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 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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

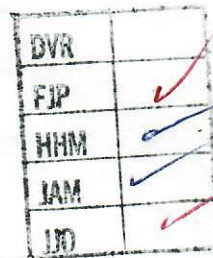
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Well was plugged as follows:

1. Plugged back with sand to 6030.
2. 20 sx cement plug from 6030-5750.
3. Cut 4½" and recovered 3935.
4. 15 sx cement plug in and out 8-5/8" casing at 411.
5. 10 sx cement at surface.
6. Cut 8-5/8" casing 3' below ground level.

Mud laden fluid was left between plugs.

Location to be cleaned up at later date when ground condition permits.



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

SIGNED

TITLE Supervisor in Charge

DATE 1-22-69

(This space for Federal or State office use)

DIRECTOR

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE O & G CONS. COMM.

DATE JAN 27 1969



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