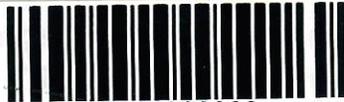


OIL A



SSION

RECEIVED

APR 30 1969

075-08125

File
File

99999999

ids.

COLO. OIL

5. LEASE DESIGNATION AND SERIAL NO.
& 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 GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

B. W. DRILLING, INC. AND SOUTHWOOD EXPLORATION COMPANY, INC. & ETALS.

Weeth

3. ADDRESS OF OPERATOR

9. WELL NO.

205 South Locust Kimball, Nebraska

#1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT

At surface

Wildcat

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

SE 1/4 NE 1/4 2070' from North line and 660 from East line
At proposed prod. zone

14. PERMIT NO.

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

34-12N-54W

12. COUNTY OR PARISH 13. STATE

69-164

4712 GR

Logan

Colo.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other) _____

(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.)

Date of work April 29, 1969

#1 plug set at 140' up with 15 sacks of regular cement.

#2 plug set at top of surface casing down with 10 sacks of regular cement

DVR	<input checked="" type="checkbox"/>
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

John Abrahamson

TITLE Agent

DATE April 29, 1969

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

MAY 5 1969

CONDITIONS OF APPROVAL, IF ANY:



00278766