

OIL AND GAS CONSERVATION COMMISSION **DEPARTMENT OF NATURAL RESOURCES** **OF THE STATE OF COLORADO**

File in duplicate for Patented and Federal lands.
 File in triplicate for State lands.



00245289

RECEIVED

R 24 1976

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR NEBCO EXPLORATION & PRODUCTION, INC., PERRY EXPLORATION, STANCO PETROLEUM, INC. & B. W. DRILLING, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 205 South Locust 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 1980' from N. Line and 1980' From E. line of NE/4 At proposed prod. zone Same as above		8. FARM OR LEASE NAME Hatch	
14. PERMIT NO. 76-155		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4501 G.L. 4508 K.B.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-12-N-55W	
		12. COUNTY 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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"/>	

(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 March 17, 1976

#1 plug set at 218 up with 15 sacks of cement

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

DVR	
FJP	<input checked="" type="checkbox"/>
RHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	
GCH	
CGM	<input checked="" type="checkbox"/>

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

SIGNED

Bill Whitaker

TITLE

Bill Whitaker, Agent

DATE

March 18, 1976

(This space for Federal or State office use)

APPROVED BY

D. V. Rogers

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

MAR 20 1976

CONDITIONS OF APPROVAL, IF ANY:

7/11

X