

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.



RECEIVED

R 24 1976

00245289

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"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR NEBCO EXPLORATION ^N & 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	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4501 G.L. 4508 K.B.	9. WELL NO. 1
		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:		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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 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	✓
RHM	✓
JAM	✓
JJD	
GCH	
CGM	✓

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: FW

X