



00245238

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

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Dry Hole	
2. NAME OF OPERATOR ACKMAN-SCHULEIN-ROOSEVELT & ASSOCIATES, LTD.	
3. ADDRESS OF OPERATOR 555 - 17th Street, Denver, Colorado	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' F.S.L., 660' F.W.L. (SWSW) At proposed prod. zone Same	
14. PERMIT NO. 70-42	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4470 G.L., 4478' K.B.

5. LEASE DESIGNATION AND SERIAL NO. 65-2087-S	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Anadarko-State	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36: 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"/>	

## 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.)

Filled hole with heavy drilling mud. Set 15 sacks plug from 100' to 120'.  
Set 10 sack plug in top of surface. Back filled and leveled location.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
UD	<input checked="" type="checkbox"/>

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

SIGNED Edward J. Ackman  
(This space for Federal or State office use)

TITLE General Partner

DATE 2-13-70

APPROVED BY D. V. Rogers  
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR  
O & G CONS. COMM.

DATE FEB 18 1970