



99999999

COMMISSION

COLORADO

and Federal lands.

COLO. OIL & GAS COMS

RECEIVED

FEB - 6 1967

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 type="checkbox"/> OTHER <input type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. COMM
2. NAME OF OPERATOR THE FUNDAMENTAL OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 444-17th ST., SUITE 726, DENVER, COLO. 80202		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 660' FEL 1980' ESL Sec. 30 At proposed prod. zone same		8. FARM OR LEASE NAME Meier
14. PERMIT NO. 66-511		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4764' GR		10. FIELD AND POOL, OR WILDCAT W.C.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-12N-54W
		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:		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 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.)

Hole filled with drilling mud

15 sx. base surface casing at 129'

10 sx. top " "

DVR	
WES	
HHM	
JAM	
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	

05-075-0744Z

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

SIGNED [Signature] TITLE Geologist DATE 2-3-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE FEB 10 1967

CONDITIONS OF APPROVAL, IF ANY:



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