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MISSION  
CES

FOR OFFICE USE			
ET	FE	UC	SE

File in 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>DRY HOLE</b>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <b>SECURITY OIL &amp; GAS INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>API 107 06068</b>	
3. ADDRESS OF OPERATOR <b>- OUT OF BUSINESS -</b>		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 <b>252 FNL, 357 FEL</b> At proposed prod. zone		8. FARM OR LEASE NAME <b>HOGUE RANCH</b>	
14. PERMIT NO. <b>79-804</b>		9. WELL NO. <b>6</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <b>WILDCAT</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>NENE SE. 8-6N-85W</b>	
		12. COUNTY <b>ROUTT</b>	13. STATE <b>CO</b>

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.)

18. Date of work SEPT. 7, 1987 \* Must be accompanied by a cement verification report.

WELL PLUGGED AND ABANDONED BY OGCC ON BOND.

PLUGGING SUPERVISED BY KATY TEMPLETON-BUELL.

OGCC TO INSPECT SURFACE RESTORATION LATE OCTOBER 1987.

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



00224101

PRINT ROBERT VACLAVIK  
SIGNED Robert Vaclavik TITLE SENIOR PET. ENGR. DATE OCT. 14, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: