

OIL AND GAS

File in File in



99999999

ION

RECEIVED

JUL 16 1969

COLO. OIL & GAS CONS. COMM.

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"/> Old dry hole previously plugged & abandoned.		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Carl A. Houy		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 602 Patterson Building, Denver, Colorado 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' NSL and 1980' EWL SW/4 Section 17, At proposed prod. zone T3S, R56W		8. FARM OR LEASE NAME Blomenkamp
14. PERMIT NO.		9. WELL NO. A-2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4729 KB, 4722 GR		10. FIELD AND POOL, OR WILDCAT Big Beaver
		11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec. 17, T3S, R56W
		12. COUNTY OR PARISH Washington
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Re-plugging old hole	XX

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.)

Surface pipe was found to be leaking and therefore the hole was replugged in the following manner:

Dug out and cut off surface pipe. Rewelded cap on 8-5/8" casing.

121-05568



00837643

DVR	
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED R. L. Comer TITLE Field Superintendent DATE 7-14-69

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 17 1969

CONDITIONS OF APPROVAL, IF ANY:

