

OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED
 NOV 19 1971



le in duplicate for Patented and Federal lands,
 le 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Exeter Drlg. & Expl. Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1010 Patterson Bldg., Denver, Colo. 80202</u>		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 <u>660' FSL & 1980' FWL</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Landaker</u>
14. PERMIT NO. <u>71 843</u>		9. WELL NO. <u>#1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4727' GL; 4735' KB</u>		10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SE SW 21-3S-55W</u>
		12. COUNTY <u>Washington</u>
		13. STATE <u>Colo.</u>

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) <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.)

Date of work P & A 11/5/71

Well was plugged in following manner:

- 15 sx. bottom of surf.
- 10 sx. top of surf.

Steel cap was welded to top.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HUM	<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 JM Abell TITLE AGENT DATE 11/18/71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 22 1971
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: