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RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NATIONAL SYSTEM OF PUBLIC LANDS
U.S. CONSERVATION COMMISSION
STATE OF COLORADOate for Patented and Federal lands.
ate for State lands.

DEC -5 1968

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> Dry		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Curran and Company and Exeter Drilling Company		8. FARM OR LEASE NAME Oscar R. Hass	
3. ADDRESS OF OPERATOR 1010 Patterson Building, Denver, Colorado 80202		9. WELL NO. 23-14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1920' FWL & 2040' FSL At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 68 435		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4739' G.L.	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA NESW 14-3S-55W	
		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:

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.)

Date of work 11-7-68

The Well was plugged in the following manner:

15 sx. bottom of surface
10 sx. top of surface

Steel cap was welded over the top of the surface casing.

Well plugged and abandoned 6 AM 11-7-68.

DVR	
FIP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>



00400505

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

SIGNED

JM Ahell

TITLE Vice President

DATE 12-3-68

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
D & G CONS. COMM.

DATE

DEC 10 1968

CONDITIONS OF APPROVAL, IF ANY: