



ND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

RECEIVED

DEC - 5 1968

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

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"/> Dry		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Curran & Company and Exeter Drilling Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1010 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 670' FEL & 1965' FSL At proposed prod. zone		8. FARM OR LEASE NAME Oscar R. Hass
14. PERMIT NO. 68 411 ✓		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4775' G.L.		10. FIELD AND POOL, OR WILDCAT Wildcat <del>HIRST</del>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NESE 15-3S-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:		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) _____	

(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 11/2/68

Well was plugged in the following manner:

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

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
LJD	<input checked="" type="checkbox"/>

Steel cap was welded over top of surface casing.  
Well plugged and abandoned November 2, 1968.

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

SIGNED JM Abell TITLE Vice President DATE 12-2-68

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE DEC 10 1968  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

