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STATE OF COLORADO
CONSERVATION COMMISSION
BUREAU OF NATURAL RESOURCES

12109506

RECEIVED
APR 4 1980Use for Patented and Federal lands.
Use for State lands.BUREAU OF NATURAL RESOURCES
LEASE DESIGNATION & SERIAL NO.

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 Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Kimbark Operating Co.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 808, Denver, Colorado 80295		8. FARM OR LEASE NAME Nothdurft	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C NE SW Section 7, T3S, R56W At proposed prod. zone		9. WELL NO. #1	
14. PERMIT NO. 80 143		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4813' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T3S, R56W	
		12. COUNTY 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 checked="" type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <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 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 3/25/80

* Must be accompanied by a cement verification report.

Hole filled with 9.9# mud. Plugged and abandoned, 15 sxs bottom of surface pipe and 10 sxs on top.

00400739

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

SIGNED Clarence H. BrownTITLE AgentDATE 4/1/80

(This space for Federal or State office use)

DIRECTOR
B & G CONS. COMM.APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR 4 1980

X