

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
File 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED OCT 22 1968	
2. NAME OF OPERATOR T. J. Miers		5. LEASE DESIGNATION AND SERIAL NO.	
3. ADDRESS OF OPERATOR Box 325 Sterling, Colo. 80751		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		8. FARM OR LEASE NAME Dune Ridge Lease C-688	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. #5	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT	
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 8-23-68 No prior Approval		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C-SW-SW S-32-7N-52W	
18. I hereby certify that the foregoing is true and correct		12. COUNTY OR PARISH Logan	
SIGNED <i>T. J. Miers</i>		13. STATE COLO	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DVR	
FJP	
HHM	
IAM	
JJD	✓

Run sand to 4360', dumped 5 sax cement to 4312', casing came loose @ 3610'. Mud hole to 260', dumped 15 sax cement to 215', mud to 18', run 5 sax cement to base cellar and welded on cap.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY :



00220377