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OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

in duplicate for Patented and Federal lands. COLO. OIL & GAS CONS. 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 GAS WELL OTHER

2. NAME OF OPERATOR: Kimbark Operating Co.

3. ADDRESS OF OPERATOR: 1860 Lincoln Street #808, Denver, CO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface C NW NW NE 330' FNL and 2310' FEL
At proposed prod. zone

5. LEASE DESIGNATION AND SERIAL NO. COMM. COLO. OIL & GAS CONS. COMM.

6. IF INDIAN ALLOTTEE OR TRIBE NAME: COLO. OIL & GAS CONS. COMM.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Amen

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 19, T7N, R53W

12. COUNTY OR PARISH: Logan

13. STATE: Colorado

14. PERMIT NO.: 76-917

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4079GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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.)

PLUGGED AND ABANDONED AS FOLLOWS: 12/31/76

15 sxs base of surface pipe filled with heavy mud
10 sxs top of surface pipe

DVR	
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	
GCH	
CGM	

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

SIGNED Walter K. Arbuckle TITLE President DATE 1/10/77

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE JAN 26 1977

CONDITIONS OF APPROVAL, IF ANY: