

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO

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

00209139

FEB 4 1972

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR The Bovaird Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1032 Kimball, Nebraska 69145		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 C-SW-SE Sec 11, T-7N, R-53W At proposed prod. zone Logan County, Colo.		8. FARM OR LEASE NAME Keller	
14. PERMIT NO.		9. WELL NO. 34-11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) K.B. 3994, D.F. 3993, G.L. 3986		10. FIELD AND POOL, OR WILDCAT Wildcat ALPH A	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C-SW-SE Sec 11, T-7N, R-53W	
		12. COUNTY Logan	
		13. STATE Colo.	

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Plug	<input checked="" 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"/>		<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 Soon As Possible

Perforations - 4526-28'

" - 4528-30'

" - 4530-32'

(4-1/2" Casing (10.5#) Set @ 4604' W/ 150 Sax)

Dump Sand Across Perfs & 5 Sax Cement Plug -- 9# Mud Between Plugs--

15 Across Surface Casing Shoe -- 10 Sax At Top -- Weld Plate on Top

Of Surface--

NOTE: Please Instruct If Water Sand Exists

Note: No. water sand exists below base of surface casing.

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

SIGNED J. A. PetersonTITLE Store ManagerDATE 2-1-72

(This space for Federal or State office use)

APPROVED BY Mr. Rogers
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR
O & G COMS. COMM.DATE FEB 11 1972