

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED
AUG 24 1981

API #05-0758816

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

GOLD OIL & GAS CONS. CO.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Temp Abandoned		5. LEASE DESIGNATION & SERIAL NO. CO O&G Com. 76-1131-S	
2. NAME OF OPERATOR TRANSCONTINENTAL OIL CORPORATION / Miller-Christenson Oil Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR P.O. Box 21568 - Shreveport, LA 71120		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL, 1980' FNL (SW/4 of NW/4) At proposed prod. zone		8. FARM OR LEASE NAME State	
14. PERMIT NO. 87-1351 791475 dtd 12-27-79		9. WELL NO. 1-B	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4083' GR		10. FIELD AND POOL, OR WILDCAT Dune Ridge	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29, T7N - R52W	
		12. COUNTY Logan	13. STATE CO

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, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <u>Current Status Report</u> <input checked="" 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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Well is temporarily abandoned. Drilling offset State "B" 29-3 on or about 8-24-81. Will abandon this well and salvage equipment from it on successful completion or abandonment of State "B" 29-3.

DVR	
FJP	
HHM	
JAM	✓
MSD	✓
TEB	
WJM	

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

SIGNED L.L. Levitt

TITLE Administrative Manager
Production Department

DATE August 18, 1981

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O&G Cons. Comm.

DATE AUG 25 1981



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