



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

RECEIVED
 MAY 1 1972

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

COLO. OIL & GAS CONS. COMM.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Arthur M. Guida		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box G, Akron, Colorado 80720		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 SW$\frac{1}{4}$SW$\frac{1}{4}$ (#1) and NE$\frac{1}{4}$SW$\frac{1}{4}$ (#5) At proposed prod. zone		8. FARM OR LEASE NAME Van Gundy
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. #1 and #5
		10. FIELD AND POOL, OR WILDCAT Pawnee Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2-7N-54W
		12. COUNTY Logan
		13. STATE Colorado

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Change of Operator <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.)

Date of work _____

Effective May 1, 1972, at 7 A.M. Change of Operator will be made from
 Jack A. Prather, 1177 Denver Club Building, Denver, Colorado, to Arthur M.
 Guida, P. O. Box G, Akron, Colorado 80720

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

SIGNED Arthur M. Guida TITLE Operator DATE 28 April 1972
 (This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 5 1972
 CONDITIONS OF APPROVAL, IF ANY:

Guida, 30,000 5/5/72 Operator Change.