

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

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

RECEIVED  
AUG -1 1968  
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. D-033804B
2. NAME OF OPERATOR O. M. Hegwer		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
PHONE 675-8844		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 807, Rangely, Colorado 80648		8. FARM OR LEASE NAME Newton
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 174 feet west of the East Line and 495 feet south of the North Line, Section 11. At proposed prod. zone		9. WELL NO. 1-National
14. PERMIT NO. 68 242		10. FIELD AND POOL, OR WILDCAT Rangely
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE 1/4 NE 1/4, Sec. 11, 1N, 102W 6th P.M.
		12. COUNTY OR PARISH Rio Blanco
		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 checked="" 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) _____	

(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.)

Intend to abandon well. Dry Hole.



00044022

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HJM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input type="checkbox"/>

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

SIGNED Dred Green TITLE Bookkeeper DATE 7-31-68

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE AUG 2 1968  
CONDITIONS OF APPROVAL, IF ANY: 7/31