

For (M)



UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

D-032682

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GeBauer

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Rangely

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

11, 1N, 102W, 6th P.M. SE, NE 1/4 OF SE 1/4 SEC. 11

12. COUNTY OR PARISH

Rio Blanco

13. STATE

Colorado

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

O. M. Hegwer

3. ADDRESS OF OPERATOR

P.O. Box 807, Rangely, Colorado 81648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

1970 feet from the South Line and 265 feet from the East line of Section 11.

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

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.)*

Filled the hole with dirt and bridged the hole at 30 feet and filled the top 30 feet with cement and set a 6 foot marker. There was only one formation drilled so plugs for different formations were not necessary.

103-40275



Inspected 7-19-67

RCB

EXHAUSTED OIL WELL

DF	
FR	
MA	<input checked="" type="checkbox"/>
LA	<input checked="" type="checkbox"/>
LD	<input checked="" type="checkbox"/>
GC	<input checked="" type="checkbox"/>
CG	<input checked="" type="checkbox"/>

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

SIGNED Fred Green

Fred Green

TITLE Bookkeeper

DATE 7-10-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

TITLE

DATE

JUL 24 1967

Rudolph C. Baier
RUDOLPH C. BAIER,
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side