



00054593

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.

RECEIVED

JAN 6 1981

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 <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Allison Drilling Company, H. C. Allen, Jr. & Excoa Oil & Gas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1275 Sherman Street, Denver, Colorado 80203		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 660' FNL 660' FEL At proposed prod. zone NE NE 30-2N-54W		8. FARM OR LEASE NAME D. Tuttle
14. PERMIT NO. 80 905	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,610 GR	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA NE NE 30-2N-54W
		12. COUNTY Washington
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(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.)

Date of work 8/18/80

P & A:

- Set 35 sx. at 5,020' - 4,920'
- Set 15 sx. at bottom of surface pipe
- Set 10 sx. at bottom of surface pipe
- Filled hole with 10# drilling mud

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED [Signature]

TITLE PRES.

DATE 1-6-81

(This space for Federal or State office use)

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

TITLE DIRECTOR  
O&G CONS. COMM

DATE JAN 7 1981