



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 &amp; 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Allison Drilling Company, H. C. Allen, Jr. &amp; Excoa Oil &amp; Gas</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1275 Sherman Street, Denver, Colorado 80203</u>		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 <u>660' FNL 660' FEL</u> At proposed prod. zone <u>NE NE 30-2N-54W</u>		8. FARM OR LEASE NAME <u>D. Tuttle</u>	
14. PERMIT NO. <u>80 905</u>		9. WELL NO. <u>#1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4,610 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>NE NE 30-2N-54W</u>	
		12. COUNTY <u>Washington</u>	13. STATE <u>Colorado</u>

## 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) ☐PULL 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.)

Date of work 8/18/80

P &amp; 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]TITLE DIRECTORDATE JAN 7 1981

CONDITIONS OF APPROVAL, IF ANY:

O&amp;G CONS. COMM.