

RECEIVED

OGCC FORM

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO



00054737

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

COLO. OIL & GAS CONS. COMM.

LEASE DESIGNATION AND SERIAL NO.

Knight

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"/> Wildcat dry hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR J. L. Cramer		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 158 Fillmore, Denver Colo.		8. FARM OR LEASE NAME Knight	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C-se-ne-ne At proposed prod. zone		9. WELL NO. 1	
14. PERMIT NO. 67-460		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4500 GR 4506 KB		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 35-2N-55W	
		12. COUNTY OR PARISH Morgan	13. STATE Colo.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input 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.)

Spudded 12-4-1967

plugged 12-9-1967

Total depth- 5093

No core or DST

No. shows of oil or gas

Well plugged by filling with heavy drilling mud, and by placing a 15 sac cement plug in base of surface casing and a 10 sac cement plug in top of surface casing, cutting off surface casing below ground level, and welding on a steel plate.

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

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

SIGNED [Signature]

TITLE OPERATOR

DATE 12-22-1967

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE Director

DATE DEC 29 1967

CONDITIONS OF APPROVAL, IF ANY: