



**OIL AND GAS CONSERVATION COMMISSION RECEIVED**  
 DEPARTMENT OF NATURAL RESOURCES  
 OF THE STATE OF COLORADO JAN 13 1972

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

COLORADO OIL & GAS COMMISSION

**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.)

**SCANNED**

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 Jack G. Ladner, Columbus Corp., & Exeter Drlg. & Expl. Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1010 Patterson Bldg., Denver, Colo. 80202		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' FSL & 660' FWL At proposed prod. zone		8. FARM OR LEASE NAME Allen
14. PERMIT NO. 711041		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4583' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW SW 26-2N-52W
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"/>		12. COUNTY Washington
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"/>		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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input 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.)

Date of work P & A 1/7/72

Well was plugged in following manner:

- 15 sx. bottom of surf.
- 10 sx. top of surf.

Steel cap was welded over top of surf.

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

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

SIGNED JM Abel TITLE AGENT DATE 1/12/72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 17 1972  
 O & G COMS. COMMISSION