

OCT 24 1969



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OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

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 Abandonment		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Okmar Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1510 High Street, Denver, Colorado 80218		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 & 675' FEL Sec. 27-T9N-R55W At proposed prod. zone same		8. FARM OR LEASE NAME Budin A	
14. PERMIT NO. 69 602		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4354 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27 - T9N- R55W	
		12. COUNTY OR PARISH Logan	
		13. STATE Colorado	

## 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"/>		<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"/>

(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 10-9-69

No Prior Approval

1. Cemented across "D" sand with 25 sx (5340-5375)
2. Cemented in bottom of surface casing with 10 sx
3. Cemented in top of surface casing with 5 sx

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

TITLE Geologist

DATE 10/23/69

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR  
O & G CONS. COMM.

DATE

OCT 27 1969

CONDITIONS OF APPROVAL, IF ANY: