

OCT 24 1969



00259386

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Abandonment</u>		5. LEASE DESIGNATION AND SERIAL NO.																																
2. NAME OF OPERATOR <u>Okmar Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																																
3. ADDRESS OF OPERATOR <u>1510 High Street, Denver, Colorado 80218</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' FSL & 675' FEL Sec. 27-T9N-R55W</u> At proposed prod. zone <u>same</u>		8. FARM OR LEASE NAME <u>Budin A</u>																																
14. PERMIT NO. <u>69 602</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4354 GR</u>	9. WELL NO. <u>1</u>																																
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>																																
<table border="0"> <tr> <td>TEST WATER SHUT-OFF</td><td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td><td><input type="checkbox"/></td> <td>WATER SHUT-OFF</td><td><input type="checkbox"/></td> <td>REPAIRING WELL</td><td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td><td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td><td><input type="checkbox"/></td> <td>FRACTURE TREATMENT</td><td><input type="checkbox"/></td> <td>ALTERING CASING</td><td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td><td><input type="checkbox"/></td> <td>ABANDON</td><td><input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING</td><td><input type="checkbox"/></td> <td>ABANDONMENT</td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td><td><input type="checkbox"/></td> <td>CHANGE PLANS</td><td><input type="checkbox"/></td> <td>(Other)</td><td><input type="checkbox"/></td> <td colspan="2">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</td> </tr> </table>		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)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27 - T9N- R55W</u>
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		12. COUNTY OR PARISH <u>Logan</u>																																
		13. STATE <u>Colorado</u>																																

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"/>
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REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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 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 [Signature] TITLE Geologist DATE 10/23/69

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G CONS. COMM. DATE OCT 27 1969

CONDITIONS OF APPROVAL, IF ANY: