



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS FEB 23 1966

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>Colo 026596</b>	
2. NAME OF OPERATOR <b>Community Gas &amp; Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Box 1124, Billings, Montana</b>		7. UNIT AGREEMENT NAME <b>CONSERVATION COMMISSION</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>NW 1/4 NE 1/4, Sec. 34, T9N, R78W, 6th PM</b>		8. FARM OR LEASE NAME <b>Bush Draw</b>	
14. PERMIT NO.		9. WELL NO. <b>1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>8248-DF</b>		10. FIELD AND POOL, OR WILDCAT <b>McCallum South</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 34, T9N, R78W</b>	
		12. COUNTY OR PARISH <b>Jackson</b>	13. STATE <b>Colo</b>

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"/>	FULL 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.)

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.)\*

Loaded casing with 10 lb. mud to kill well. Squeeze 65 sx cement in perforations, pulled tubing. Shot off 9 5/8" casing at 2620 ft. Set 20 sx cement at shot point. Set 35 sx cement plug at bottom of surface pipe. Set 15 sx cement plug at top of surface, erected a regulation marker and cleaned up location.

BEST IMAGE AVAILABLE

*Feb-1966*

*EX Oil Prod*

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

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

SIGNED [Signature] TITLE President DATE January 15, 1966

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE FEB 25 1966  
CONDITONS OF APPROVAL, IF ANY: COLO. OIL & GAS COMM.

\*See Instructions on Reverse Side

*Plugged by Community Gas & Oil Co.*