

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO

RECEIVED  
MAY 2 1978



00245129

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

COLORADO LEASE DESIGNATION AND SERIAL NO.

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"/> DRY HOLE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Ken Tipps, & Exeter Drlg. Northern, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 2300 Lincoln Center Bldg., Denver 80264		8. FARM OR LEASE NAME Klinginsmith
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' WEL, & 1980' NSL, Sec. 21-12N-56W At proposed prod. zone		9. WELL NO. #1
14. PERMIT NO. 78 161		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4899' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SE 21-12N-56W
		12. COUNTY Weld
		13. STATE Colorado

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"/>
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) _____	

(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 3/10/78

Well was plugged as follows:

- 15 sx. 316-272'
- 10 sx. 0-36'

A steel cap was welded over top of surface.

DVR	
FJP	<input checked="" type="checkbox"/>
HHN	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED [Signature] TITLE AGENT DATE 4/26/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR U & G CONS. COMML DATE MAY 8 1978

CONDITIONS OF APPROVAL, IF ANY: