

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

RECEIVED

AUG 21 1980

SOHIO



00328265

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR MACEY & MERSHON OIL INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1950 1600 Broadway, Denver Co. 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 At proposed prod. zone 660 FSL, 1980 FEL (SW $\frac{1}{4}$ SE $\frac{1}{4}$) Same		8. FARM OR LEASE NAME Linnebur	
14. PERMIT NO. 80 857		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4976 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6 T3S R60W	
		12. COUNTY Adams	13. STATE Co

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)			

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"/>
(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 7-26-80

✓ Plugged and abandoned as follows: 20 SX cement @Base of surface
 (10 SX below shoe and 10 SX above shoe). 10 SX @top of surface.
 Cut off 8 5/8" 3' below ground and welded cap on top.

DVR	
FJP	
HMM	
JAM	✓
JJD	✓
RLS	
CGM	

~~WELL VERIFICATION REQUIRED~~
~~WELL PLUGGING REPORT~~

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

SIGNED

TITLE

DATE

8-19-80

(This space for Federal or State office use)

DIRECTOR
 O&G CONS. COMM.

APPROVED BY

TITLE

DATE

AUG 22 1980

CONDITIONS OF APPROVAL, IF ANY: