

(001-06327)

OGCC FORM 4

OIL AND

DE.

SION

RECEIVED

AUG 30 1971

REV. 7-64

99999999
OF THE STATE OF COLORADO

COLO. OIL & GAS CONS. COMM.

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

5. LEASE DESIGNATION AND SERIAL NO.

Colo 69/7211-S

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ Dry Hole

2. NAME OF OPERATOR

Midwest Oil Corporation

3. ADDRESS OF OPERATOR

1700 Broadway, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

C, SE, NE Section 34, T3S, R59W (1860' SNL & 658' WEL of Sec 34)

At proposed prod. zone

Drilling Unit--S/2, NE/4 Sec 34

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Colorado 34-3-59

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Poncho

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

34 - 3S - 59W

14. PERMIT NO.

71-602

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5067 Gnd: 5074 KB

12. COUNTY

Adams

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<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 8/19/71

Foreman consulted w/Conservation Commission representative. Plugged & abandoned by setting cement plugs as follows:

25 sax cement at 6055-6130.

15 sax cement at 420-450.

10 sax cement at Surface-30'.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JD	<input checked="" type="checkbox"/>

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

SIGNED

J. R. Nolan

TITLE District Engineer

DATE 8/26/71

(This space for Federal or State office use)

DIRECTOR
O & G CONS. COMM.

APPROVED BY

D. V. Rogers

TITLE

DATE

AUG 31 1971

CONDITIONS OF APPROVAL, IF ANY:



00416698

X