



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

RECEIVED
 NOV 13 1980

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.)

5. LEASE DESIGNATION AND SERIAL NO.
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 7. UNIT AGREEMENT NAME
 8. FARM OR LEASE NAME
 Mitchell
 9. WELL NO.
 2
 10. FIELD AND POOL, OR WILDCAT
 Stony Point
 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
 Sec. 20-2N-54W
 12. COUNTY
 Washington
 13. STATE
 CO

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
 Morgan Investments ATTN: Scott Gibson

3. ADDRESS OF OPERATOR
 P. O. Box 842 / Fort Morgan, CO 80701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
 At surface
 660 ft, FSL
 1980 ft, FEL
 C-SW-SE
 At proposed prod. zone
 SAME

14. PERMIT NO.
 Unknown 78-1170

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 4536' KB, 4526' GL

SCANNED

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 _____

Well depleted. Plan to retrieve as much casing as possible and plug as follows:

1. Load hole with heavy mud.
2. Spot first plug opposite "D" sand perforated interval.
3. Spot second plug from 300' up into surface casing set @ 94'.
4. Set third plug (10 sacks) at top of surface casing.
5. Cut off surface casing three feet below surface and weld on cap.

DVR
 RJP
 HMM
 JAM ✓
 JJD ✓
 RLS
 CGM

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

SIGNED Scott Gibson TITLE Owner operator DATE NOV 8 - 1980

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 13 1980
 O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

A