

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

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

RECEIVED
OCT 29 1981



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.)

SCANNED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Morgan Investments ATTN. Scott Gibson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 842 / Fort Morgan, CO 80701		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 660 ft, FSL 1980 ft, FEL At proposed prod. zone SAME C-SW-SE		8. FARM OR LEASE NAME Mitchell
14. PERMIT NO. Unknown		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4536' KB, 4526' GL		10. FIELD AND POOL, OR WILDCAT Stony Point
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-2N-54W
		12. COUNTY Washington
		13. STATE CO

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 checked="" 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"/>	

(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'~~ ^{in & cut bottom of} 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.

Verbal approval By Mr. Rodgers
11-24-1980 By Scott Gibson

DVR	
FJP	
HHM	
JAM	✓
JW	
RLS	
COB	

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

SIGNED Scott Gibson TITLE owner operator DATE Nov 1980

(This space for Federal or State office use)

APPROVED BY Mr. Rodgers TITLE DIRECTOR O&G Cons. Comm. DATE OCT 30 1981

CONDITIONS OF APPROVAL, IF ANY: