

OIL AND GAS CONSERVATION COMMISSION

RECEIVED

REV. 7-64

STATE OF COLORADO

AUG 10 1970



00259456

for Patented and Federal lands.  
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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>COLO. OIL &amp; GAS CONS. COMM.</b>
2. NAME OF OPERATOR <b>Bander &amp; Couch, Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>508 Petroleum Building, Abilene, Texas</b>		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 <b>C NE SW Section 35</b> At proposed prod. zone <b>Same</b>		8. FARM OR LEASE NAME <b>Budin</b>
14. PERMIT NO. <b>70-321</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4405 GL</b>	9. WELL NO. <b>1</b>
		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec. 35-9N-55W</b>
		12. COUNTY OR PARISH <b>Logan</b> 13. STATE <b>Colo.</b>

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

Plugged 7-20-70 with 15 sacks cement at the base of the surface casing and 10 sacks in the top of surface casing.

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

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

SIGNED *J. H. Bander* TITLE Partner DATE August 5, 1970

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE DIRECTOR DATE AUG 11 1970

CONDITIONS OF APPROVAL, IF ANY:

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