



0+2 Haymaker USGS Dnvr lcc: O&GCC Dnvr
UNITED STATES
ARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
 Budget Bureau No. 42-R1424.

SUBMIT IN TRIPPLICATE*
 (Other instructions on reverse side)

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR
Box 1652, Casper, Wyoming 82601
 COLO. OIL & GAS CONG. COMM.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
 At surface
905' East of West Line & 2310' North of South Line Sec. 21, T2S, R96W Rio Blanco County, Colorado

14. PERMIT NO. **68 417**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR. 6850' (EST)

5. LEASE DESIGNATION AND SERIAL NO.
DNVR 00964-B

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Piceance Creek

8. FARM OR LEASE NAME
Piceance Creek

9. WELL NO.
T2S 216

10. FIELD, POOL, OR WILDCAT
Piceance Creek - Hatch A&G

11. SEC., T., R., MC, OR BLK. AND SURVEY OF AREA
Sec. 21 T2S R96W

12. COUNTY OR PARISH **Rio Blanco**

13. STATE **Colorado**

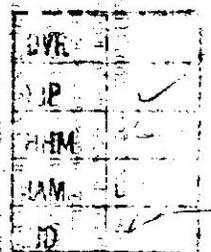
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) 11-16 thru 12-3-68 Weekly Rot. Y	

(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.)*

✓ 11-16-68 Spudded hole at 7:00 p.m.
 11-17/18-68 Drilled 0' to 555'
 11-19-68 Depth 617', reaming 8 3/4" hole to 12 1/2" at 400'. Cemented 9 5/8" casing at 615' in 12 1/2" hole w/275 sacks regular cement. Plug down at 8:00 p.m. Did not have cement returns.
 11-20-68 Cemented through 1" pipe on outside of 9 5/8" with 100 sacks cement. Had good returns. Job completed at 1:30 a.m. 11-20-68, W.O.C. installed casing head, BOP. Tested csg. & BOP w/1000' for 15 minutes. Held ok. Prepared to drill ahead.
 11-21-68 Drilling shale at 620'
 11-22-68 Drilling sand & shale at 1220'
 11-23/25-68 Drilled sand & shale 1220' to 3745'
 11-26-68 Drilling sand & shale at 2865'
 11-27-68 Drilling sand & shale at 3180', Waiting on parts for rotary table.
 11-28/29-68 Waiting on drum shaft repairs.
 12-2-68 Drilling sand & shale at 4175'
 12-3-68 Drilling sand & shale at 4502'



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

SIGNED Original Signed by JOHN HAMLIN TITLE Supervisor General Accounting DATE 12-12-68

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side