



AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

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

RECEIVED

DEC 7 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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Piedmont Exploration, Ink.</u>		6. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 9, Evans, CO 80620</u>		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 <u>660' fr SL, 660' fr WL</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Kugler</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>4788 Gr.; 4798 KB</u>		10. FIELD AND POOL, OR WILDCAT <u>Grail</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 11, T7N, R58W</u>
		12. COUNTY OR PARISH <u>Weld</u> 13. STATE <u>Colo.</u>

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) _____	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) <u>Wash down</u>			

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 8-20-81

Plan to reenter well, wash down to old TD, set 4½" 10.5 casing, perforate, acidize, frac, and complete for production.



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

SIGNED [Signature] TITLE Vice President DATE 8-10-81

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE DEC 8 1981

CONDITIONS OF APPROVAL, IF ANY: