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075-06189

COLORED GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED

JUN 1 1971

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.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
QUALITY SUPPLY COMPANY

3. ADDRESS OF OPERATOR
6320 JACQUELINE WICHITA, KANSAS 67208

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface **SHELL DIVIDE UNIT #8 (FORMERLY TRIGOOD TETSEEL #111)**
At proposed prod. zone **NW NE SEC. 3-T8N 53W LOGAN COUNTY COLO.**

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
660fs/ 1980fwl

5. LEASE DESIGNATION AND SERIAL NO. _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME **A-8**

9. WELL NO. _____

10. FIELD AND POOL, OR WILDCAT
DIVIDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA _____

12. COUNTY **LOGAN** 13. STATE **COLO**

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 checked="" 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) _____	

(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 5-28-71

SAND TO COVER PERFERATIONS 5 SKS. CEMENT ON BOTTOM MUD TO BOTTOM SURFACE PIPE
15 SKS. CEMENT IN SURFACE MUD TO TOP 10 SKS. CEMENT ON TOP

Ex Oil Prod. - W.I.

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



00751770

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

SIGNED *Jack* TITLE **OWNER** DATE **5-28-71**

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE **DIRECTOR** DATE **JUN 4 1971**
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: _____