

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.



00251230

RECEIVED
APR 26 1974

5. LEASE DESIGNATION AND COMAD NO.
OIL & GAS CONSERVATION

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 checked="" type="checkbox"/> OTHER | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 2. NAME OF OPERATOR TREND EXPLORATION LIMITED | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR 600 Capitol Life Center, Denver, Colorado 80203 | 8. FARM OR LEASE NAME Schneiderheinze |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1373' FNL - 1410' FWL Section 35, T7N, R91W At proposed prod. zone | 9. WELL NO. 1-35 |
| 14. PERMIT NO. 74-9 | 10. FIELD AND POOL, OR WILDCAT Buck Peak |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6250' | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 35 T7N - R91W |
| | 12. COUNTY Moffat |
| | 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) _____ | |
| (Other) <input checked="" type="checkbox"/> | Suspended Location <input checked="" 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 _____

At the present time we do not plan to drill the above location and request that our permit fee of \$75.00 be refunded. We may possibly re-submit this location at a later date.

Refund

| | |
|------|-------------------------------------|
| DWR | <input checked="" type="checkbox"/> |
| FP | <input checked="" type="checkbox"/> |
| MINN | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| LD | <input checked="" type="checkbox"/> |

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Engineer DATE April 25, 1974

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR DATE APR 30 1974
CONDITIONS OF APPROVAL, IF ANY:

X