

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



00208371

RECEIVED
MAR 4 1983

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION & SERIAL NO. <u>211-PL-2 GAS CONS. COMM.</u> |
| 2. NAME OF OPERATOR The Termo Company (213) 595-7401 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 2767, Long Beach, California 90801 | | 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 At proposed prod. zone | | 8. FARM OR LEASE NAME Golden Triangle Ltd |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4902' GL | | 10. FIELD AND POOL, OR WILDCAT <u>Nelson Reservoir</u> <u>Wildcat North Loveland</u> |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T6N, R68W |
| | | 12. COUNTY Larimer |
| | | 13. STATE Colorado |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input 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.)

18. Date of work 1-13-83

* Must be accompanied by a cement verification report.

- Moved in workover rig. Pulled rods, pump.
- Acidized Greenhorn perforations 6160'-6167' with 1000 gallons 7% HCL, with iron sequestrating agent. Rate 3/4 BPM @ 3000 psi. Displaced with fresh water.
- Swabbed back displacement and acid.
- Reran pump and rods. Put well back on production.

| | |
|-----|-------------------------------------|
| DVR | |
| FJP | |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| RCC | |
| LAR | <input checked="" type="checkbox"/> |
| GCM | |

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

SIGNED [Signature] TITLE President DATE 2/25/83

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm. DATE MAR 7 1983