



STATE OF COLORADO
 AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES

RECEIVED
 MAR 4 1983

COLO. OIL & GAS CONS. COMM.

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.	
2. NAME OF OPERATOR The Termo Company		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> Wildcat North Loveland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.21, T6N, R68W	12. COUNTY Larimer
		13. STATE Colorado	

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 checked="" 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.)

18. Date of work 2-1-83 * Must be accompanied by a cement verification report.

- Moved in workover rig. Pulled rods, pump and tubing.
- Ran Baker Model R-3 Packer and tubing.
- Acidized Greenhorn perforations 6160'-6167' with 4000 gallons 15% F.E. Acid.
- Swabbed back well. Pulled tubing and packer.
- Reran tubing, pump and rods. Put well back on production.

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

SIGNED <u>[Signature]</u>	TITLE <u>President</u>	DATE <u>2/25/83</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>DIRECTOR</u> <u>O & G Cons. Comm.</u>	DATE <u>MAR 7 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		

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