

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



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

RECEIVED

LEASE DESIGNATION & SERIAL NO.

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.

JUL 29 1982

INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR THE TERMO COMPANY 86195		8. FARM OR LEASE NAME Golden Triangle, Ltd.	
3. ADDRESS OF OPERATOR P.O.Box 2767, Long Beach, CA 90801		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NW Sec. 21-6N-68W (660' FNL & 660' FWL) At proposed prod. zone NW NW Sec. 21-6N-68W		10. FIELD AND POOL, OR WILDCAT WC	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		12. COUNTY Larimer	
14. PERMIT NO. 821136		13. STATE CO	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4913' KB 4902' GR			

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL.

CHANGE PLANS:

(Other)

(Other)

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

* Must be accompanied by a cement verification report.

*change of Operator name

DVR
FJP
NHM
JAM
JLB
RLS
WOM

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

SIGNED

David E. Combs

TITLE

Vice President

DATE

7-26-82

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DIRECTOR
O & G Cons. Comm

DATE

SEP 21 1982

CONDITIONS OF APPROVAL, IF ANY: