

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



00208374

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

COLO. OIL & GAS CONS. COMM

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	
14. PERMIT NO. 821136	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4913' KB 4902' GR	12. COUNTY Larimer	13. STATE CO

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) _____	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) <u>Other*</u>			

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 DATE SEP 21 1982

CONDITIONS OF APPROVAL, IF ANY: