

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 Wildcat		7. UNIT AGREEMENT NAME Cottonwood Gulch Unit	
2. NAME OF OPERATOR Mountain Fuel Supply Company		8. FARM OR LEASE NAME Unit Well	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		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 660' FNL, 660' FWL, NW NW sec. 16		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 67 96		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16-8N-91W., 6th PM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 7069.75' GR 7058'		12. COUNTY OR PARISH Moffat	
		13. STATE Colorado	



00237767

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Supplementary history <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.)

Depth 6401', making DST #3-A.  
DST #2: 4842-4809', Lewis, IO  $\frac{1}{2}$  hour, ISI 1 hour, FO  $\frac{1}{4}$  hour, FSI  $1\frac{1}{4}$  hours, opened with a very weak blow, reopened dead, no gas to surface, recovered 20' drilling mud. IHP 2471, IOFP's 8-8, ISIP 1485, FOFP's 8-8, FSIP 1460, FHP 2465 psi.

DST #3: 6401-6385', Mesaverde, packers failed, mis-run.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	
JAM	
JJD	<input checked="" type="checkbox"/>

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

SIGNED B. N. Croft

TITLE

General Manager, Production and Transmission

DATE May 16, 1967

(This space for Federal or State office use)

APPROVED BY McRogers  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Director  
COLO. OIL & GAS COM.

DATE MAY 17 1967