

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
Fee Land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME


7. UNIT AGREEMENT NAME
Cottonwood Gulch Unit8. FARM OR LEASE NAME
Unit Well9. WELL NO.
210. FIELD AND POOL, OR WILDCAT
Wildcat11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

17-8N-91W., 6th PM

12. COUNTY OR PARISH
Moffat13. STATE
Colorado

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat	RECEIVED APR - 2 1968
2. NAME OF OPERATOR Mountain Fuel Supply Company	COLO. OIL & GAS CONS. COMM.
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 658' FNL, 1930' FWL NE NW	 00237801
14. PERMIT NO. 68-63	15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6922.10' GR 6910'

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Supplementary history ☒

(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 6094', making DST #1.

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

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

SIGNED

BW Craft

TITLE

General Manager,
Gas Supply Operations

DATE

April 1, 1968

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

Director

DATE

APR 3 1968

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side