

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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.)

| | |
|---|---|
| <p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat</p> <p>2. NAME OF OPERATOR Mountain Fuel Supply Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901</p> <p>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</p> <p>14. PERMIT NO. 68-63</p> | <p align="center">RECEIVED APR - 2 1968</p> <p align="center">COLO. OIL & GAS CONS. COMM.</p> <p align="center"> 00237801</p> <p>7. UNIT AGREEMENT NAME Cottonwood Gulch Unit</p> <p>8. FARM OR LEASE NAME Unit Well</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 17-8N-91W., 6th PM</p> <p>12. COUNTY OR PARISH 13. STATE Moffat Colorado</p> |
| <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6922.10' GR 6910'</p> | |

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) <input checked="" type="checkbox"/> Supplementary history | <input checked="" type="checkbox"/> |
| (Other) <input 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 6094', making DST #1.

| | |
|-----|---|
| DVR | |
| FJP | ✓ |
| HWM | ✓ |
| JAM | ✓ |
| LJD | ✓ |

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 Al Rogers TITLE Director DATE APR 1 1968

CONDITIONS OF APPROVAL, IF ANY: