



STATES
THE INTERIOR
AL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Colo. 0-9222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> Suspended		7. UNIT AGREEMENT NAME -	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME U.S.A.	
3. ADDRESS OF OPERATOR P. O. Box 2579, Casper, Wyoming 82602		9. WELL NO. 1-22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (SE NE) 1990' f/North & 690' f/East line Sec. 22		10. FIELD AND POOL, OR WILDCAT Buck Peak	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-6N-90W	
14. PERMIT NO. 74-653	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6930' GR; 6941' KB	12. COUNTY OR PARISH Moffat	13. STATE Colorado

16. 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) <input checked="" type="checkbox"/> Fracture Treat	<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.)*

Well worked over as per attached Well History.

Well did not respond to workover, currently SI & Suspended.

DVR	
FJP	✓
HMM	✓
JAM	✓
LID	✓
GCH	
COM	✓

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

SIGNED W.A. Waether, Jr. TITLE Operations Manager DATE 12-17-76

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE DEC 23 1976
CONDITIONS OF APPROVAL, IF ANY: O & G CONS. COMM.

file