

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



JUN 12 1972

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

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		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR Fuel Resources Development Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 550 - 15th Street, P. O. Box 840, Denver, Colo. 80201		7. UNIT AGREEMENT NAME Thayer
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface See application to drill At proposed prod. zone		8. FARM OR LEASE NAME
14. PERMIT NO. 71-966 ✓		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4955' GR, 4965 KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T6N R67W
		12. COUNTY Weld
		13. STATE Colo.

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 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.)

Date of work _____

Shut In

Daily Completion Reports attached.

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓

File

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

SIGNED E. J. Schuh

TITLE Supervisor of Exploration & Operations

DATE 6-9-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

Keep June