

RECEIVED

SEP 6 1984

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

**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 type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR TRIGG DRILLING COMPANY, INC.		6. IF INDIAN ALLOTTEE OR TRIBE NAME COLO. OIL & GAS CONS. COMM.	
3. ADDRESS OF OPERATOR 718 17th St., Suite 1515, Denver, CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 676' FEL 1138' FNL At proposed prod. zone		8. FARM OR LEASE NAME Altex Jones	
14. PERMIT NO. 05 107 6002		9. WELL NO. 1-11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6774' GR 6786' KB		10. FIELD AND POOL, OR WILDCAT Wildcat <i>Bear River</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T6N-R87W	
		12. COUNTY Routt	13. STATE Colorado

*loc ok 9/4 EV*

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 (Other) <input type="checkbox"/>	CHANGE PLANS: TEST WELL <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.)

18. Date of work \_\_\_\_\_ \* Must be accompanied by a cement verification report.

Present well configuration: 5-1/2" 15.5 lb/ft K-55 casing set at 2790'. Cement to surface. Open hole from 2790'-4969'. A fish is in the open hole. Top of fish at 4596'.

Trigg plans to swab test well. If productive, well will be put on the pump. If not productive, well will be plugged as follows:

Load hole with water. Set 50 sack cement plug across base of 5-1/2" casing shoe. Set 10 sack cement plug at surface. Remove wellhead equipment. No casing will be pulled.

WRS	
FJP	
REC	
LAT	
CON	
ED	

19. I hereby certify that the foregoing is true and correct  
 SIGNED Hugh E. Harvey, Jr. TITLE Division Manager DATE Aug. 30, 1984  
 (This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE NOV 1 1984  
 CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

*Handwritten mark*

*Handwritten checkmark*