



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

RECEIVED
JAN 17 1985

5. LEASE DESIGNATION & SERIAL NO. **COLORADO & 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TRIGG DRILLING COMPANY, INC.		8. FARM OR LEASE NAME Altex Jones	
3. ADDRESS OF OPERATOR 718 17th St., Suite 1515, Denver, CO 80202		9. WELL NO. 1-11	
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		10. FIELD AND POOL, OR WILDCAT Wildcat Bear River	
14. PERMIT NO. 05 107 6002		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6774'GR, 6786'KB	
		12. COUNTY Routt	
		13. STATE Colorado	

NWSE ✓

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>

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 type="checkbox"/>	Test Well <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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

MIRU completion unit to swab test well on November 18, 1984. Set 270 bbl tank and ran 3/4" rod string. RD completion unit on November 29, 1984. MI and set 80 DR-119-54 Cook pumping unit and C-66 Arrow gas engine on December 15, 1984. Currently attempting to pump test well.



dfm

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

SIGNED Diane F. Miller TITLE Production Tech. DATE January 15, 1985

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE FEB 22 1985
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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