

STATE OF COLORADO
OIL & GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00202431

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.RECEIVED
SEP 8 1980

COLO. OIL

6. LEASE DESIGNATION & SERIAL NO.

O & G CONS. COMM

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Trigg Drilling Company, Inc. | | 8. FARM OR LEASE NAME Peltier | |
| 3. ADDRESS OF OPERATOR 2122 Western Federal Savings Building, 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 SE SW At proposed prod. zone 1955' FWL, 665' FSL | | 10. FIELD AND POOL, OR WILDCAT Bear River | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, T6N-R87W | |
| 14. PERMIT NO. 80-699 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6580' GR (est) | 12. COUNTY Routt | 13. STATE Colorado |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

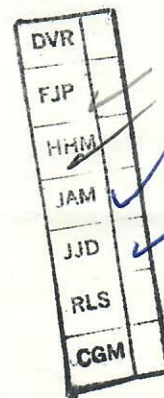
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE 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 checked="" 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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

✓ WELL PLUGGED w/35 sk at 3000' 8/16/80.

Surface plug was set by hand on 8/18/80. 15 sacks were used.

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

SIGNED

Hugh E. Harvey

TITLE Division Engineer

DATE 9/5/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR
O & G CONS. COMM

TITLE

DATE

SEP 11 1980