

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

OCT 31 1972

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat	7. UNIT AGREEMENT NAME Meeker Unit
2. NAME OF OPERATOR Mountain Fuel Supply Company	8. FARM OR LEASE NAME Unit Well
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 735' FWL NW SW Lot 6	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 72-811	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SW 6-1N-93W., 6th PM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6735.10' GR 6723'	12. COUNTY OR PARISH Rio Blanco
	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"/> Supplementary history	

(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.)*

Depth 3612', waiting on tools.

Landed 3484.69' net, 3518.33' gross of 9-5/8" OD, 36#, K-55 casing at 3498.56' and set with 544 sacks of cement.

While going in hole found casing parted at 75', cut off casing at 85', tried to install casing patch, broke grapple, waiting on grapple.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
LID	<input checked="" type="checkbox"/>

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

SIGNED

B. W. Craft Jr

TITLE

Vice President,
Gas Supply Operations

DATE Oct. 30, 1972

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
U. S. GEOLOGICAL SURVEY

DATE

NOV 3 1972

CONDITIONS OF APPROVAL, IF ANY:

*See Ins



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