

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS 4 1972

(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 Mountain Fuel Supply Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901	7. UNIT AGREEMENT NAME Meeker Unit
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	8. FARM OR LEASE NAME Unit Well
14. PERMIT NO. 72-811	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6735.10' GR 6723'	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SW 6-1N-93W., 6th PM
	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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) 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 5327', drilling.

DVR	
FIP	
NHM	✓
JAM	✓
JD	✓

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

SIGNED

W. H. Coates

TITLE

Vice President,
Gas Supply Operations

DATE

Nov. 13, 1972

(This space for Federal or State office use)

APPROVED BY

W. H. Coates

TITLE

DIRECTOR
U. S. G. S.

DATE

NOV 15 1972

CONDITIONS OF APPROVAL, IF ANY:



00038629

*See Instructions