

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 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:		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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Supplementary history</u>	<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.)\*

Depth 5327', drilling.

DVR	<input type="checkbox"/>
FIP	<input type="checkbox"/>
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Vice President, Gas Supply Operations DATE Nov. 13, 1972

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 15 1972  
CONDITIONS OF APPROVAL, IF ANY:



00038629

\*See Instructions