

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

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

14. PERMIT NO. 72-811 ✓

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 6735.10' GR 6723'

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Meeker Unit

8. FARM OR LEASE NAME
Unit Well

9. WELL NO.
1

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

RECEIVED
DEC 15 1972

COLD OIL & GAS CONS. COMM.

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"/>	
(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.)*

Depth 8420', drilling.

DVR	
FJP	
BHM	✓
IAM	✓
HD	✓

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

SIGNED B. M. Craft TITLE Vice President, Gas Supply Operations DATE Dec. 11, 1972

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 15 1972

CONDITIONS OF APPROVAL, IF ANY:

*See  Side
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