

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input 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		15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6735.10' GR 6723'	
		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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Supplementary history

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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 8420', drilling.

DVR	<input type="checkbox"/>
FJP	<input type="checkbox"/>
BHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
HD	<input checked="" type="checkbox"/>

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

SIGNED

B. H. Craft

TITLE

Vice President,

Gas Supply Operations

DATE

Dec. 11, 1972

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DIRECTOR

U. S. G. S. COM. COM.

DATE

DEC 15 1972

CONDITIONS OF APPROVAL, IF ANY:

*Se



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