

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1434.

5. LEASE DESIGNATION AND SERIAL NO.

Colorado 02892-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Jacks Draw Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Jacks Draw

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

15-11N-97W., 6th PM

12. COUNTY OR PARISH

Moffat

13. STATE

Colorado

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back into different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR Mountain Fuel Supply Company	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FWL, SW SW sec. 15-11N	
14. PERMIT NO. 67 351	15. ELEVATIONS (Show whether DF, ST, GR, etc.) KB 7136.55' GR 7125'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

☐
☐
☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐
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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 6921', completed making DST #1.

DST #1: 6921-6855', Fort Union, IO $\frac{1}{2}$ hour, ISI 40 minutes, FO $1\frac{1}{2}$ hours, FSI $1\frac{1}{2}$ hours, opened with strong blow, gas up in 10 minutes, 20 minutes 734 Mcf; reopened strong, 5 minutes 1035 Mcf, 30 minutes 1450 Mcf, 60 minutes 1695 Mcf, 90 minutes 1770 Mcf, recovered 270' of heavily gas cut mud. IHP 3647, IOFP's 86-158, ISIP 2420, FOFP's 172-245, FSIP 2391, FHP 3633 psi.

SEP	
FIP	<input checked="" type="checkbox"/>
MM	
JAN	
JUL	<input checked="" type="checkbox"/>

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

SIGNED

B. M. Croft

TITLE

General Manager,
Gas Supply Operations

DATE

Sept. 18, 1967

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

Director

DATE

SEP 20 1967

CONDITIONS OF APPROVAL, IF ANY:



00290203