



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR J. M. Huber Corporation

3. ADDRESS OF OPERATOR 385 Denver Club Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL & 660' FEL - C NE SE Section 21-11N-97W

5. LEASE DESIGNATION AND SERIAL NO. Colo. 09824

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Federal Chamberlin

9. WELL NO. 21-1

10. FIELD AND POOL, OR WILDCAT Powder Wash Field

11. SEC., T., B., M., OR BKG. AND SURVEY OR AREA 21-11N-97W

12. COUNTY OR PARISH Moffat 13. STATE Colo.

14. PERMIT NO. 67 400 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7239 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

Well plugged as follows:

35 sx from 7400-7300
35 sx from 5770-5670
35 sx from 3700-3600
50 sx @ 460
5 sx in the top of surf. csg w/dry hole marker in place.

BEST IMAGE
AVAILABLE

The location is cleaned up and ready for your inspection.

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	

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

SIGNED George King TITLE District Manager DATE 7-31-68

(This space for Federal or State office use)

APPROVED BY P.V. Rogers TITLE DIRECTOR DATE AUG 2 1968

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side