

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
 File in triplicate for State lands.

RECEIVED

DEC 18 1974



00224563

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. COLO. OIL & GAS DEPT. COLORADO	
2. NAME OF OPERATOR Trend Exploration Limited		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 600 Capitol Life Center, Denver, Colorado 80203		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 500' FSL, 1100' FWL Sec 29 At proposed prod. zone 1824' S, 1067' W of Surface		8. FARM OR LEASE NAME Lyons	
14. PERMIT NO. 73-794		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6758'		10. FIELD AND POOL, OR WILDCAT Buck Peak	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29 T6N-R89W	
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.)		12. COUNTY 13. STATE Routt 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) <input checked="" type="checkbox"/> TO PLUG AND ABANDON	
(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.)

Date of work _____

1-29-74 Set cement plug 50 sxs class "G" 7191-7031', set 50 sxs class "G" from 3545' to 3385' inside 8-5/8" casing

7-22-74 Cut 8-5/8" casing @ 2130' and layed down, set 50 sxs cement plug 2130'-2090'.
 Set 50 sxs across bottom of 13-3/8" surface casing @ 390'-250'
 Set 10 sxs cement plug @ surface, installed dry hole marker in top of 13-3/8" and below plow depth.
 Filled pits and cleaned location

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
OVR	FJP	HHM	IAM	JJD	CCH	CGM

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

SIGNED Jack E. Helton TITLE Operations Engineer DATE 12-16-74

(This space for Federal or State office use)

APPROVED BY Al Rogers TITLE DIRECTOR DATE DEC 20 1974

CONDITIONS OF APPROVAL, IF ANY:

X