



00277663

UNITED STATES  
PARTMENT 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

JAN 22 1969

COLO. OIL & GAS CONS. COMM.

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Denver 053184-A
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Jacks Draw Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL, 660' FNL NW NW		8. FARM OR LEASE NAME Unit Well
14. PERMIT NO. 68-563		9. WELL NO. 112
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6739'		10. FIELD AND POOL, OR WILDCAT Jacks Draw POWDER WASH
		11. SEC., T., R. M., OR BEK. AND SUEVEY OR AREA 2-11N-9W, 6th PM
		12. COUNTY OR PARISH Moffat
		13. STATE Colorado

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"/>
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)			

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 type="checkbox"/>
(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 206', waiting on cement.

Spudded January 19, 1969 at 4:30 P.M., ran 8-5/8" surface casing.

DVR	
FJP	✓
HHM	✓
JAN	✓
JJD	✓

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

SIGNED B. H. Croft pz

TITLE Vice President,  
Gas Supply Operations

DATE Jan. 20, 1969

(This space for Federal or State office use)

APPROVED BY Al Rogers

TITLE DIRECTOR  
O & G CONS. COMM.

DATE JAN 27 1969

\*See Instructions on Reverse Side