



075-06147

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

RECEIVED

JUN 1 1971

REV. 7-64

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

COLO. OIL & GAS CONS. COMM.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR QUALITY SUPPLY COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 6320 JACQUELINE WICHITA KANSAS 67208		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 SHELL DIVIDE UNIT #7 (FORMERLY TRIGOOD TETSELL #2) At proposed prod. zone SW-NE- SEC. 3-T8N- R53W LOGAN COUNTY, COLO.		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4620ftnl 1999ftl		10. FIELD AND POOL, OR WILDCAT DIVIDE
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		12. COUNTY Logan
		13. STATE COLO

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 checked="" 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)

Date of work 5-28-71

SAND TO COVER PERFERATIONS 5 SKS. CEMENT ON BOTTOM MUD TO BOTTOM SURFACE PIPE 15 SKS.
CEMENT IN SURFACE MUD TO TOP 10 SKS. CEMENT ON TOP

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

Ex Oil Prod.



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

SIGNED Jack Miller TITLE OWNER DATE 5-28-71

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE JUN 4 1971
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

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