



00224433

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

APR 11 1975

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO. G.O.C. GAS CONSV. COMM.	
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 1,400' FWL and 2,550' FNL Sec. 5 At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO. 74-582		9. WELL NO. 1-5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6361 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5 T6N R89W	
		12. COUNTY Routt	
		13. STATE 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 type="checkbox"/>	
(Other) <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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 _____

PROPOSED WORK:

Remove pump and well head equipment
Pull and lay down 2-3/8" tubing
Cut 5 1/2" casing as low as possible, pull and lay down
Spot 150 sax cement plug across perfs 8,440-9,300
50 sax cement plug at bottom of 10-3/4" casing
10 sax cement plug at surface
Cut casing below line and install abandonment marker
Clean and restore well site

DVR	
FIP	✓
HMW	✓
AM	✓
HD	✓
GCH	✓
COM	

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

SIGNED <u>J. J. Rees</u>	TITLE <u>Production Supervisor</u>	DATE <u>April 10, 1975</u>
(This space for Federal or State office use)		
APPROVED BY <u>W. Rogers</u>	TITLE <u>DIRECTOR</u>	DATE <u>APR 14 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		