



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

5. LEASE DESIGNATION AND SERIAL NO.  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <u>DRY HOLE</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <u>Trend Exploration Limited</u>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <u>600 Capitol Life Center - Denver, Colorado 80203</u>		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1,400' FWL and 2,550' FNL Sec. 5</u> At proposed prod. zone		9. WELL NO. <u>1-5</u>
14. PERMIT NO. <u>74-582</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6361 KB</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 5 T6N R89W</u>
		12. COUNTY <u>Routt</u>
		13. STATE <u>Colorado</u>

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) _____	
(Other) <u>PLUG AND ABANDON</u>	<u>XXX</u>	(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	
FJP	✓
HHW	✓
MM	✓
HD	✓
GCH	✓
COM	

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

SIGNED J. J. Rees TITLE Production Supervisor DATE April 10, 1975

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE APR 14 1975

CONDITIONS OF APPROVAL, IF ANY:

X