

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

RECEIVED
C-10084

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

MAR 4 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 Location		00273044	7. UNIT AGREEMENT NAME Oil & Gas Cons. Comm.	
2. NAME OF OPERATOR C & K Petroleum, Inc.			8. FARM OR LEASE NAME Federal	
3. ADDRESS OF OPERATOR 1700 Colorado State Bank Bldg., Denver, Colorado 80202		9. WELL NO. 1-22		10. FIELD AND POOL, OR WILDCAT Blue Gravel
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 410' FNL; 910' FEL Sec. 22		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T9N-R91W		12. COUNTY OR PARISH Moffat
14. PERMIT NO. 75-83	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,823' Gr		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 checked="" 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.)*

Move location at request of U.S.G.S. and B.L.M. to minimize enviromental impact (location was 660' FN & E L).

DVR	
FIP	✓
RHM	✓
JAM	✓
JID	✓
GCH	✓
CGM	✓

cc: 2 - Colorado Oil & Gas Conservation Commission
2-- Bureau of Land Management, Craig, Colorado
2 - Moffat County Planning Department

Elevation Plat attached to all copies

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

SIGNED GEORGE E. FARMAR TITLE Division Operations Manager DATE March 3, 1975

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 11 1975

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

file