

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.



SEP 10 1974
CES AND REPORTS ON WELLS

als to drill or to deepen or plug back to a different reservoir.
ATION FOR PERMIT—" for such proposals.)

COLO. OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Colo. 0-9222	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 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 SE NE - 1990' f/North & 690' F/East lines Sec. 22		8. FARM OR LEASE NAME U.S.A.	
14. PERMIT NO. Colo. 74 653 Mr. Guynn, 8/26/74		9. WELL NO. 1-22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6930' GL		10. FIELD AND POOL, OR WILDCAT Buck Peak	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-6N-90W	
		12. COUNTY OR PARISH Moffat	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 checked="" type="checkbox"/> Spud & surf. casing	<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.)*

Set 30' of 20" conductor. MI & HU rotary tools. Spud 8-3/4" hole @ 10:30 p.m. 9/3/74. Drld 8-3/4" hole to 361'. Reamed to 15" hole to 356'. Ran 8 jts 11-3/4" OD YS-95 60# 8rd ST&C casing set at 353.76' KB (342.36' GI), cemented w/ 300 sacks Class "G" w/ 2% CaCl & 1/4# Flocele per sack. Plug down 9:15 p.m. 9/4/74. WOC. Cement circulated. Nippled up head & BOP. Tested blind rams, pipe rams, hydril, and casing @ 1000# f/ 20 min. each, all held O.K.. Tag cement @ 291'. Drld out 12:15 a.m. 9/6/74. 9/6/74 Drilling ahead @ 630' - 8-3/4" hole.

cc: Colo. Oil & Gas Cons. Comm.

DVR	
FJP	
HMM	✓
JAM	✓
JJD	✓
GCH	
CGM	

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

SIGNED W. A. Wadsworth TITLE Dist. Prod. & Drlg. Supt. DATE 9/7/74

(This space for Federal or State office use)

APPROVED BY W. C. Rogers TITLE DIRECTOR DATE SEP 10 1974

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

file