



00202452

STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

JUN 06 1986

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

5. LAND DESIGNATION & SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS **COLO. OIL & GAS CONS. COMM.**

(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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TRIGG DRILLING COMPANY, INC.		8. FARM OR LEASE NAME ALTEX JONES	
3. ADDRESS OF OPERATOR 410 17th Street, Suite 2100, Denver, Colorado 80202		9. WELL NO. 1-11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 676' FEL, 1138' FNL NE/4 NE/4 At proposed prod. zone API #05 107 6002		10. FIELD AND POOL, OR WILDCAT Bear River	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T6N-R87W	
14. PERMIT NO. 67 301	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6774' GR 6786' KB	12. COUNTY Routt	13. STATE Colorado

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) SHUT IN STATUS	<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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

The current status of the Altex Jones 1-11 well is "shut in".



dfm

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

SIGNED

Jack E. Trigg

TITLE

Vice President

DATE

May 30, 1986

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER

JUN 09 1986

APPROVED BY

TITLE

Oil & Gas Cons. Comm.

DATE

CONDITIONS OF APPROVAL, IF ANY: