

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.

Fee **RECEIVED**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 30 1972

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 GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL, 735' FWL, NW SW Lot 6

14. PERMIT NO. 72-811

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 6735.10' GR 6723'

7. UNIT AGREEMENT NAME OR COMS. COMM.
Meeker Unit

8. FARM OR LEASE NAME
Unit Well

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
NW SW 6-1N-93W., 6th PM

12. COUNTY OR PARISH 13. STATE
Rio Blanco 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) <u>Supplementary history</u> <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.)*

Depth 6791', drilling.

DST #1: 5440-5490', Weber, IO 1/2 hour, ISI 1 1/2 hours, FO 2 hours, FSI 2 1/2 hours, opened with weak blow on both openings, no gas, recovered 270' water cut mud, and 3053' mud cut water. IHP 2474, IOFP's 96-496, ISIP 2363, FOFP's 523-1412, FSIP 2363, FHP 2474.

DST #2: 5496-5533', Weber, IO 1/2 hour, ISI 1 hour, FO 1-3/4 hours, FSI 2 1/2 hours, opened strong, no gas, recovered 630' water cut mud and 4817' water, reopened strong, no gas, IHP 2515, IOFP's 344-1934, ISIP 2404, FOFP's 1934-2404, FSIP 2404, FHP 2474.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

file

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

SIGNED B. W. Craft TITLE Vice President, Gas Supply Operations DATE Nov. 28, 1972

(This space for Federal or State office use)

APPROVED BY Al Rogers TITLE DIRECTOR DATE DEC 1 1972
CONDITIONS OF APPROVAL, IF ANY:



*See Instruc

00038628