

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

DEC 21 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. U.S. G.S.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat</p> <p>2. NAME OF OPERATOR Mountain Fuel Supply Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901</p> <p>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</p> <p>14. PERMIT NO. 72-811</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. Fee</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -</p> <p>7. UNIT AGREEMENT NAME Meeker Unit</p> <p>8. FARM OR LEASE NAME Unit Well</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SW 6-1N-93W., 6th PM</p> <p>12. COUNTY OR PARISH Rio Blanco</p> <p>13. STATE Colorado</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6735.10' GR 6723'</p>	

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

<p align="center">NOTICE OF INTENTION TO:</p> <table border="0" style="width:100%;"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>		<p align="center">SUBSEQUENT REPORT OF:</p> <table border="0" style="width:100%;"> <tr> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <u>Supplementary history</u> <input checked="" type="checkbox"/></td> <td></td> </tr> </table> <p align="center"><small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small></p>	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) <u>Supplementary history</u> <input checked="" type="checkbox"/>	
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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 9208', logging.

DVR	
FJP	
NHM	✓
JAM	✓
JD	✓

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

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Dec. 18, 1972

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 22 1972
U.S. G.S. COMMISSIONER

CONDITIONS OF APPROVAL, IF ANY:



*See I