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OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

FORM 4



00213275

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

COLORADO OIL & GAS CON. COMM.

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Suspended		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Trend Exploration Limited		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 600 Capitol Life Center, Denver, Colorado 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 943' FNL, 1953' FWL, Section 23 At proposed prod. zone At 8259' - 692'N, 271'W from surface.		8. FARM OR LEASE NAME Deakins
14. PERMIT NO. 73-618	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6742'	9. WELL NO. 1 Sidetrack
		10. FIELD AND POOL, OR WILDCAT Buck Peak
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23 T6N-R90W
		12. COUNTY 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 type="checkbox"/>	
(Other) <input type="checkbox"/>	Suspended Operation X	(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.)

Date of work _____

Work Performed:

1. Cut 5½" csg at 3600' and pulled. Set plugs 3200'-3400' and 2800'-3300'.
2. Sidetracked hole at 3100'. Drld to 6571', landed 7-7/8" csg at 3612' w/175 sx. Drld to 8300', no logs and no DST's.
3. Ran 5½" liner from 3507'-8227'.
4. Squeezed 5½" liner at 5800'-6000' w/ approximately 300 sx.
5. Perf. w/1 hole/ft at 7700'-7730', 7594'-7626', 7485'-7515', 7402'-7432'.
6. Recovered only very viscous drlg fluid on swab.
7. Perforated w/1 hole/ft 7283'-7312', 7200'-7230', 7030'-7050'; swbd mud and water.
8. Suspended operations due to weather 12-5-73.

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

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

SIGNED *M. B. Murray* TITLE Engineer DATE April 26, 1974

(This space for Federal or State office use)

APPROVED BY *M. C. Rogers* TITLE DIRECTOR DATE MAY 13 1974

CONDITIONS OF APPROVAL, IF ANY: