

OGC

REV.



00213274

GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

RECEIVED

JUL 23 1974

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>TREND EXPLORATION LIMITED</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>600 Capitol Life Center, Denver, Colorado 80203</u>		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 <u>943' FNL, 1953' FWL Sec. 23</u> At proposed prod. zone at 8259 - 692' N, 271' W of surf.		8. FARM OR LEASE NAME <u>Deakins</u>	
14. PERMIT NO. <u>73-618</u>		9. WELL NO. <u>1 Sidetrack</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>GL 6742'</u>		10. FIELD AND POOL, OR WILDCAT <u>Buck Peak</u>	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 23, T6N, R90W</u>	
		12. COUNTY <u>Moffat</u>	
		13. STATE <u>Colorado</u>	

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)		to P & A	<input checked="" 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)			

(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: See report of April 26, 1974.

Work to do:

1. Pull 2-7/8" tubing.
2. Set 7-7/8" CIBP at about 3600'.
3. Cut off 7-5/8" casing at 3000' and pull same. Set cmt plug on csg. stub.
4. Set cmp plug at bottom of 10-3/4" csg at 341'.
5. Set cmt plug at surface with dry hole marker.
6. Clean up location and cover all reserve pits.

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

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

SIGNED

TITLE EngineerDATE July 16, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

JUL 25 1974

CONDITIONS OF APPROVAL, IF ANY:

X