

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☒ gas ☐ other

3. ADDRESS OF OPERATOR  
P.O. Box 3280 - Casper, Wyoming 82602

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF:

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

Well History

[illegible]

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

The above referenced well was spudded @ 1:30 PM 4-27-82.

Dr1d 9-7/8" hole to 130'.

Ran 3 jts 7" O.D., 23#, N-80, ST&C used casing set @ 127' (K.B.) Cemented w/ 55 sx of Class "B" cement w/3% CaCl<sub>2</sub> & 1/4# Flocele/sx. Plug down @ 6:30 PM 4-27-82.

N.U. & pressure tested BOPE to 500 psi--held o.k.

Drld 6-1/4" hole to 1,210' and ran logs.

Ran 36 jts 4-1/2" O.D., 9.5# & 10.5#, K-55 & H-40, R-3, ST&C used casing set @ 1,206' (K.B.). Cemented w/200 sx of 50-50 Pozmix & cement w/2% Gel; 1/4# Flocele/sx & 0.5% CFR-2. Plug down @ 11:50 PM 4-29-82. Good cement returns.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ronald C. Billman TITLE Drlg Foreman-RMD DATE 4-30-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE 1 DATE 1

**\*See Instructions on Reverse Side**

# MAOCC

64