

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

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



**RECEIVED**  
**OCT 25 1977**

**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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <b>P&amp;A</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> 6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
2. <b>NAME OF OPERATOR</b> Amoco Production Company		7. <b>UNIT AGREEMENT NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 39200 - Denver, Colorado 80239		8. <b>FARM OR LEASE NAME</b> Lazy W. Cross Ranch, Inc.	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone      2130 FSL 660 FEL NE SE Sec. 20		9. <b>WELL NO.</b> 1	
14. <b>PERMIT NO.</b> 77-614		15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 7985 KB	
		10. <b>FIELD AND POOL, OR WILDCAT</b> Wildcat	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 20, T11N, R76W	
		12. <b>COUNTY</b> Larimer	13. <b>STATE</b> Colorado

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

**NOTICE OF INTENTION TO:**

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

**SUBSEQUENT REPORT OF:**

<b>WATER SHUT-OFF</b> <input type="checkbox"/> <b>FRACTURE TREATMENT</b> <input type="checkbox"/> <b>SHOOTING OR ACIDIZING</b> <input type="checkbox"/> (Other) <input type="checkbox"/>	<b>REPAIRING WELL</b> <input type="checkbox"/> <b>ALTERING CASING</b> <input checked="" type="checkbox"/> <b>ABANDONMENT</b> <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.)

Date of work 9-28-77

The above well was P&A as follows:

1. 2800-3000 X 125 SX
2. 1575-1200 X 250 SX
3. 275-170 X 60 SX
4. 10 SX at Surface

Surface casing was cut off at 5 ft. below ground level and steel cap welded on top.

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

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

SIGNED

TITLE

Area Admin. Supervisor

DATE

10-21-77

(This space for Federal or State office use)

APPROVED BY

TITLE

**DIRECTOR**  
 O & G CONS. COMM.

DATE

OCT 26 1977

CONDITIONS OF APPROVAL, IF ANY:

X