

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



JUL 16 1985

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.)

5. LEASE DESIGNATION & SERIAL NO.
COLO. OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Champlin 205 Amoco A

9. WELL NO.
#7

10. FIELD AND POOL, OR WILDCAT
Grouse

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23-~~15~~¹⁵⁵ S-R46W

12. COUNTY
Cheyenne

13. STATE
CO

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 39200, Denver, Colorado 80239

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **660' FEL 660' FSL SE SE/4 Sec. 23**
At proposed prod. zone

14. PERMIT NO.
841141

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4467 GR

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) <u>Status</u>	<input checked="" 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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

THE ABOVE MENTIONED WELL HAS BEEN SI FOR EVALUATION SINCE 4-1-85. The appropriate FORMS WILL BE SUBMITTED WHEN WELL IS COMPLETED OR P X A.

TOP
HHM
IAM
RCC
LAR
OGM

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

SIGNED D. R. West (SAS) TITLE **DISTRICT ADMINISTRATIVE SUPERVISOR** DATE 7-15-85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE **DIRECTOR** DATE JUL 18 1985
CONDITIONS OF APPROVAL, IF ANY: **O & G Cons. Comm.**

R