

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



JUL 1 6 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 15S Sec. 23- 15S S-R46W	
12. COUNTY Cheyenne	13. STATE CO

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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

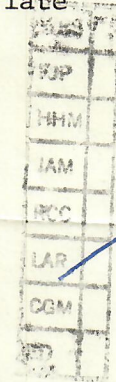
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) Status <input type="checkbox"/>	(Other) Status <input checked="" type="checkbox"/>
(Other) <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.)

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.



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

SIGNED G. 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 1 8 1985

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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