

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

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

RECEIVED



AUG 25 1986

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. OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 39200 Denver, Colorado 80239		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 660' FEL 660 FSL SE SE Sec. 23 At proposed prod. zone		8. FARM OR LEASE NAME Champlin 205 Amoco "A"	
14. PERMIT NO. 84-1141		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4467' GR		10. FIELD AND POOL, OR WILDCAT Grouse	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23- T15S- R46W	
		12. COUNTY Cheyenne	13. STATE Colorado

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) 5 1/2" Csg. Cement Procedure <input checked="" 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.)

18. Date of work 11/5/84 → 2/15/85  
CEMENTING PROCEDURE FOR 5 1/2" CASING

\* Must be accompanied by a cement verification report.

Ran 5 1/2" casing- got stuck @ 5617', unable to circulate to backside  
 Perf. 5605'-5609' w/4 JSPF  
 Pump 100 sx 50/50 POXMIX 6% gel, .25% CFR-2, 1/2# per sx floseal; went on vac  
 Pump 100 sx Thixotropic cement; went on vac  
 Pump 150 sx Thixotropic cement  
 Tag cement @ 5427', drill to 5578' (CBL shows good cement from 5544'-5574')  
 Perfed Spergen 5571'-5598'. Test. TYPO? 557?  
 Set BP @ 5450'  
 Perfed 5370'-5372, 5418'-5420'  
 Set cement retainer @ 5385'  
 Pump 50 sx Class G cement w/ .75% D-60  
 Tag cement @ 5378', drill out to 5385' (cement retainer)  
 Set packer @ 5199'  
 Pump 100 sx Class G cement w/ .75% D-60  
 Tag cement @ 5306', drill to BP @ 5450'

WRS	
WSP	
WHM	
WJM	
WOC	
LAR	
CGM	
ED	

? SPEE DEPTH  
? MORE CBL'S?  
? LOGS(OH)

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

SIGNED GRWist/CNB TITLE Dist. Admin. Supervisor DATE 8/21/86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 03 1986  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

371-2480

BEST IMAGE AVAILABLE

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