

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.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. 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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) 5 1/2" Csg. Cement Procedure <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 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.
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'



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

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

SIGNED GRUWIST/CNB

TITLE Dist. Admin. Supervisor

DATE 8/21/86

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER

APPROVED BY O. A. [Signature]

TITLE Oil & Gas Cons. Comm.

DATE OCT 03 1986

CONDITIONS OF APPROVAL, IF ANY:

371-2480

BEST IMAGE
AVAILABLE