

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
NOV 18 1986
00523223
LEASE DESIGNATION & SERIAL NO.
COLO. OIL & GAS CONS. COMM.

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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Amoco Production Company</u>		8. FARM OR LEASE NAME <u>Champlin 205 Amoco "A"</u>	
3. ADDRESS OF OPERATOR <u>Post Office Box 39200 Denver Co 80239</u>		9. WELL NO. <u>7</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FEL 660' FSL SE SE SEC.23</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>Grouse</u>	
14. PERMIT NO. <u>84-1141</u>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4467' GR</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 23-T15S-R46W</u>	
		12. COUNTY <u>Cheyenne</u>	
		13. STATE <u>CO</u>	

18. 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 10/1/86

* Must be accompanied by a cement verification report.
(see attached)

1. Pull rods and tubing
2. Set CIBP at 5287' with 2sx cement on top
3. Spot 10 sx cement on surface
4. Cut off casing 6' below surface and cap
5. Restore location.

Verbal approval received by Jeff Elkin from Frank Piro 4/15/86.

Not in well file

WRS	
REP	
PHM	
AM	
RCC	
LAR	
COM	
ED	

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

SIGNED DR West/chB TITLE DISTRICT ADMINISTRATIVE SUPERVISOR DATE 11/17/86

(This space for Federal or State office use)

APPROVED BY J. A. [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE NOV 20 1986
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

P