



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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

<input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5 FEDERAL INDIAN OR STATE LEASE NO.
1 NAME OF OPERATOR Amoco Production Company		Fee
3 ADDRESS OF OPERATOR PO Box 800 Room 924 CITY STATE ZIP CODE Denver Colorado 80201		6 PERMIT NO. 96 120
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 1600' FSL & 1450' FWL (SW NE SW) At proposed prod zone: Same		7 API NO. 05 017 7513
12 COUNTY Cheyenne		8 WELL NAME Red Rocks
		9 WELL NUMBER 1-20
		10 FIELD OR WILDCAT Wildcat
		11 QTR. QTR. SEC.. T.R. AND MERIDIAN NE SW Sec. 20-T15S-R42W 6th P.M.

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION COMMINGLE ZONES FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commungled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" type="checkbox"/> OTHER <u>Set conductor pipe-change from original casing and cementing program</u>
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK March 11 -12, 1996

Set 100' of 20" conductor pipe, 65.62 PPF. Used 11 1/2 yards of redi mix. This was approved by Bob Van Sickle on March 8, 1996.

BEST IMAGE
AVAILABLE

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

SIGNED Susan R. Potts TELEPHONE NO. 303-830-5323

NAME (PRINT) Susan R. Potts TITLE Senior Staff Assistant DATE March 22, 1996

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE 4/5/96

CONDITIONS OF APPROVAL, IF ANY: