

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

SUBMIT ORIGINAL AND 1 COPY

CONFIDENTIAL



APR 26 1996

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 type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER -D&A		5 FEDERAL, INDIAN OR STATE LEASE NO. Fee
1 NAME OF OPERATOR Amoco Production Company		6 PERMIT NO. 96 120
3 ADDRESS OF OPERATOR PO Box 800 Room 924 Denver, CO 80201		7 API NO. 05 017 7513
CITY STATE ZIP CODE Denver CO 80201		8 WELL NAME Red Rocks #1-20
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		9 WELL NUMBER 1-20
12 COUNTY Cheyenne		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:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER _____

*Use Form 3 - Well Completion or Recompletion Report and Log
for subsequent reports of Multiple Commingled Completions
and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED
(DATE _____)
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED
(DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER _____

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 April 2 & 3, 1996

Obtained verbal plugging orders from Bob Van Sickle on 4-2-96. Well was plugged using Premium cement (Class H Neat) as follows: Plug No. 1 at 4996' w/ 40 sx cement; Plug No. 2 at 2351' w/ 40 sx cement; Plug No. 3 at 1886' w/ 40 sx cement; Plug No. 4 at 1514' w/ 40 sx cement; Plug No. 5 at 619' w/ 40 sx cement; plug top w/ 10 sx cement; Rathole w/ 5 sx cement; Mousehole w/ 5 sx cement. Surface will be restored by August 25th, 1996.

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

SIGNED Susan R. Potts TELEPHONE NO. 303-830-5323NAME (PRINT) Susan R. Potts TITLE Senior Staff Assistant DATE April 26, 1996

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 5/14/96

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO FINAL SITE RESTORATION