

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

SUBMIT ORIGINAL AND 1 COPY



CONFIDENTIAL

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APR 26 1996

COLORADO OIL & GAS CONSERVATION COMMISSION

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
7 NAME OF OPERATOR Amoco Production Company		Fee
8 ADDRESS OF OPERATOR PO Box 800 Room 924 Denver, CO 80201		6 PERMIT NO 96 120
9 CITY STATE ZIP CODE Denver CO 80201		7 API NO 05 017 7513
10 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)		8 WELL NAME Red Rocks #1-20
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: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" 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 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled 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 type="checkbox"/> OTHER _____
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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 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. 303-830-5323

NAME (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