

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

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MAY 15 1980



File one copy for Patented, Federal and Indian lands.
File in duplicate for State lands.

COLO. LEASE (DESIGNATION AND) SERIAL NO.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other P&A

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 39200 - Denver, Colorado 80239

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1460 FWL 1440 FSL NE SW Sec. 27
At top prod. interval reported below
At total depth

14. PERMIT NO. 80-59 DATE ISSUED 1-15-80 12. COUNTY Weld 13. STATE Colorado

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

5. FARM OR LEASE NAME
Champlin 327 Amoco A

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 27, T9N, R67W

15. DATE SPUDDED 4/26/80 16. DATE T.D. REACHED 5/10/80 17. DATE COMPL. (Ready to prod.) 5/10/80 (Plug & Abd.) 18. ELEVATIONS (DF, REB, RT, GR, ETC.) 5401 GR 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 8610 21. PLUG, BACK T.D., MD & TVD N/A 22. IF MULTIPLE COMPL., HOW MANY _____ 23. INTERVALS DRILLED BY → ROTARY TOOLS 0-TD CABLE TOOLS None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) _____ 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN SP-IES, FDC-GR Caliper 27. WAS WELL CORED YES NO (Submit analysis) Log & Core results were unfavorable - No Shows
DRILL STEM TEST YES NO (See reverse side)

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	298'	12 1/4	250 SXS	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) P&A

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS _____

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED R.K. Beck TITLE Dist. Admin. Supervisor DATE 5/12/80

See Spaces for Additional Data on Reverse Side

DVR
FIP
JAM
JJD
RLS
CGM

