

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

RECEIVED
DEC 17 1986



File in duplicate for Patented and Federal lands
File in triplicate for State lands.

5. LEASE DESIGNATION & SERIAL NO.
6. INDIAN, ALLOTTEE OR TRIBE NAME

DUPLICATE NOTICES AND REPORTS ON OIL AND GAS CONSERVATION COMM.

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Recompletion</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Amoco Production Company</u>		8. FARM OR LEASE NAME <u>Champlin 360 Amoco "A"</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 39200 Denver, Colorado 80239</u>		9. WELL NO. <u>1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FSL, 660' FWL, NWSW SEC.29</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>Archer</u>	
14. PERMIT NO. <u>81-2201</u>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4382' GR</u>	13. STATE <u>WYO</u>
12. COUNTY <u>Cheyenne</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC.29-T12S-R44W</u>	

16. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <u>squeeze perfs</u> <input checked="" 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 8/21/85 * Must be accompanied by a cement verification report.

Recomplete from Topeka to Osage:

Squeeze perfs 4322'-4330' w/ 75 sx Class H cement
Displace cement with 29.5 BBL water
Drill out CIBP @ 4600'

9/5/85 Acidize Osage : 5618'-5651'

480 gals 15% HCL
320 gal Super ASOL
80# EDTA
8 gal de-emulsifier

No perf was necessary as this horizon had been previously completed in 1981 and plugged off.

FOR OFFICE USE ONLY
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FE
UC
SE

19. I hereby certify that the foregoing is true and correct
SIGNED AK West / chB TITLE DISTRICT ADMINISTRATIVE SUPERVISOR DATE 12/15/86

(This space for Federal or State office use)
APPROVED BY William R. Smith TITLE DIRECTOR DATE FEB 04 1987
O & G Cons. Comm.

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