

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



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

DEC 17 1986

JOINTLY 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>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 39200 Denver, Colorado 80239</u>		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME <u>Champlin 360 Amoco "A"</u>	
14. PERMIT NO. <u>81-2201</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4382' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Archer</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC.29-T12S-R44W</u>	
		12. COUNTY <u>Cheyenne</u>	13. STATE <u>WYO</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <u>squeeze perfs</u>	

(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
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input checked="" type="checkbox"/>

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

SIGNED

W. 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

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.

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