

OIL AND GAS DEPARTMENT OF THE STATE OF COLORADO



00334295

SSION ES

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

RECEIVED

MAR 31 1975

COLORADO OIL & GAS CONS. COMM.

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.)

1. OIL WELL [] GAS WELL [] OTHER Dry
2. NAME OF OPERATOR Amoco Production Company
3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1945 FSL, 625 FEL, NE/4 SE/4 Sec. 36 At proposed prod. zone
5. LEASE DESIGNATION AND SERIAL NO.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME MOC State
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Lonetree
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T35 Sec. 36 T3N, R60W
12. COUNTY Adams
13. STATE Colorado
14. PERMIT NO. 74-123
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5073 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF [] PULL OR ALTER CASING [] WATER SHUT-OFF [] REPAIRING WELL []
FRACTURE TREAT [] MULTIPLE COMPLETE [] FRACTURE TREATMENT [] ALTERING CASING []
SHOOT OR ACIDIZE [] ABANDON [] SHOOTING OR ACIDIZING [] ABANDONMENT []
REPAIR WELL [] CHANGE PLANS [] (Other) []
(Other) Status [X] (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.)

Date of work _____

Well is shut in pending PXA.

Table with 2 columns: Name, Status. Rows: DVR, FJP, HMM, JAM, JJD, GCH, CGM. All status boxes are checked.

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

SIGNED [Signature] TITLE Area Admin. Supervisor DATE 3/27/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 1 1975

CONDITIONS OF APPROVAL, IF ANY:

file