



OIL & GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

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

API 801 - 76804
SEP 28 1976

COLO. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 39200, Denver, Colorado 80239	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 1945 FSL, 625' FEL, NE/4 SE/4 Sec. 36 At proposed prod. zone	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 Sec. 36, T3S, R60W
14. PERMIT NO. 74 123	12. COUNTY Adams
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5073 GR	13. STATE Colorado

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 checked="" type="checkbox"/>
(Other) <input 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.)

Date of work 6-30-76

Form 4 Sundry Notice was never filed on above plugged and abandoned well. Subject well was plugged as follows:

Set 100 Sx cmt plug 6000' - 6393'
Pull 5½" oil string
Set 100 Sx cmt plug 328' - 528'
Set 10 Sx cmt plug to surface
Weld on plate after cutting surface csg 5' below surface
Restore surface to original contours

Verbal approval J. S. Wilson to D. Rogers 5-24-76



DVR	
FJP	
HMM	✓
JAM	✓
JJD	✓
GCH	
CGM	✓

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

SIGNED

TITLE Area Admn. Supervisor

DATE 9-22-76

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

OCT 8 1976