



RECEIVED
NOV 13 1974

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

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. COLO. OIL & GAS CONS. COMM.																
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																
3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501		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 Section 36 At proposed prod. zone		8. FARM OR LEASE NAME MOC State																
14. PERMIT NO. 74-123	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5073 GL	9. WELL NO. 1																
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Lonetree																
<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td>Change of Operator <input checked="" type="checkbox"/></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>		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) <input type="checkbox"/>	Change of Operator <input checked="" type="checkbox"/>	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 36, T3S, R60W
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"/>															
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Change of Operator <input checked="" type="checkbox"/>															
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 7-1-74		12. COUNTY Adams																
		13. STATE Colorado																

Effective July 1, 1974, all former Midwest Oil Company properties are now owned and operated by Amoco Production Company. Therefore, MOC State #1 is now operated by Amoco.

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Area Admin. Supervisor DATE 11-7-74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 18 1974

CONDITIONS OF APPROVAL, IF ANY:

X