

RECEIVED
MAR 25 1981

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.

COLO. OIL & GAS CONS. COM. PERMIT

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & 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, CO 80239		7. UNIT AGREEMENT NAME Poncho J Sand Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 200' West of Center of <u>SE SE</u> Sec. 34 At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO. 71-752		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5039 KB		10. FIELD AND POOL, OR WILDCAT Poncho	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T3S, R59W	
		12. COUNTY Adams	13. STATE Colorado

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 checked="" 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) _____	

(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 _____ * Must be accompanied by a cement verification report.

Notice of intent to acidize and reperforate subject well as follows:

Acidize: 900 gal. 7.5% inhibited HCL
 2300 gal. Acid-A-SOL mixture
 (1500 gal. 15% inhib. HF-HCL + 800 gal A-SOL)
 Flush with 1680 gal. 1.5% KCL Water

Reperforate: 6042-6072 w/2 JSPF

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED [Signature] TITLE Dist. Admin. Supvr. DATE 3-23-81

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 27 1981

CONDITIONS OF APPROVAL, IF ANY: