

RECEIVED

JUL 15 1985

OGCC FORM 4

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



00416715

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

5. LEASE DEFINITION & SERIAL NO.
COLO. OIL & GAS CONSERV. COMM.
Colorado 69/7211-S

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"/> | | 7. UNIT AGREEMENT NAME Poncho "J" Sand Unit | |
| 2. NAME OF OPERATOR Angus Petroleum Corporation | | 8. FARM OR LEASE NAME 16 | |
| 3. ADDRESS OF OPERATOR 14062 Denver West Pkwy., Ste. 200, Golden, Co. 80401 | | 9. WELL NO. 4 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 620 FSL & 651 FEL SE/Se Sec. 34 At proposed prod. zone | | 10. FIELD AND POOL, OR WILDCAT Poncho | |
| 14. PERMIT NO. 71 752 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T3S-R59W | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5039 KB | | 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 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) <u>Change of Operator</u> | |
| (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 5-1-85 * Must be accompanied by a cement verification report.

FORMER OPERATOR, AMOCO PRODUCTION COMPANY
P.O. BOX 39200
DENVER, CO. 80239



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| |
| SUP |
| HM |
| JAM |
| RCC |
| LAR |
| CGM |
| |

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

SIGNED M. Roy Pennington TITLE Manager, Operations DATE 7-11-85
M. Roy Pennington

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE JUL 23 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: