



00334253

REV. 7-64

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

API #05-001-6307

5. LEASE DESIGNATION AND SERIAL NO.

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JUL 12 1971

7. UNIT AGREEMENT NAME

COLO. OIL & GAS CONS. COMM.

8. FARM OR LEASE NAME

Flader Industries, Inc.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA

Sec. 34 T3S R60W

12. COUNTY

Adams

13. STATE

Colorado

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 Hole

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 1980 FNL x 660' FWL Sec. 34 T3S R60W At proposed prod. zone

SW NW

14. PERMIT NO. 71-476 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5091 GL 5101 RDB

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 [X] SHOOTING OR ACIDIZING [] ABANDONMENT []
REPAIR WELL [] CHANGE PLANS [] (Other) []
(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.)

Date of work 7/4/71

TD 6555 8-5/8" casing sat at 568' RDB x cemented x 550 sx reg.

Abandoned as follows:

Set 25 sx cmt plug 6370-6470
Set 20 sx cmt plug 535-605
Set 10 sx cmt plug at surface.

Verbal approval obtained to PXA McKee to Adams 7/ 4/71

Table with 2 columns and 5 rows: DVR, FJP, HHM, JAM, JJD. Checkmarks in the second column.

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

SIGNED [Signature] TITLE Area Superintendent DATE 7/6/71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 13 1971

Handwritten note: need compl.