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AS CONSERVATION COMMISSION
MENT OF NATURAL RESOURCES
HE STATE OF COLORADO

licate for Patented and Federal lands.
licate for State lands.

RECEIVED

SEP - 7 1971 API #05-001-6307

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		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 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 1980 FNL x 660' FWL Sec. 34 T3S R60W At proposed prod. zone		8. FARM OR LEASE NAME Flader Industries Inc.	
14. PERMIT NO. 71-474		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5091 GL 5101 RDB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 T3S R60W	
		12. COUNTY Adams	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 COMPLETION <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.)

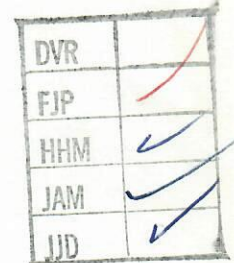
Date of work 8/24/71

TD 6555 8-5/8" casing set 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.

Location has been graded and returned to original contour.



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

SIGNED E.C. Woodall TITLE Area Superintendent DATE 9/3/71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: 0 & 0 CONS. COMM. DATE SEP 9 1971

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