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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION FEB 15 1979  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO GOLD, OIL & GAS CONS. COMM.

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.
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 39200 - Denver Colo 80239		7. UNIT AGREEMENT NAME Poncho J Sand UT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 80'W of C SE SW Sec 34 1900'FWL & 660 FSL At proposed prod. zone		8. FARM OR LEASE NAME
14. PERMIT NO. 71 468		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5042 TKB		10. FIELD AND POOL, OR WILDCAT Poncho
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 -3S R59W
		12. COUNTY Adams
		13. STATE Colo

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>Name Change</u> <input checked="" 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 10-1-78

Formerly known as the Colo 34-3 59 Well #1.  
Unitized 10-1-78.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RCS	<input type="checkbox"/>
OSM	<input type="checkbox"/>

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

SIGNED KK Beckman TITLE Dist Admin Supervisor DATE 2-7-79

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE FEB 20 1979

CONDITIONS OF APPROVAL, IF ANY:

X