

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



RECEIVED  
JUL 15 1985

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

5. LEASE DEPARTMENTAL NO. **COLO. OIL & GAS CON. COMM.**  
Colorado 69/72115

**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 Corp.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 14062 Denver West Parkway, Ste. 200 Golden, Co. 80401		9. WELL NO. 1	
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 (14) At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Poncho	
14. PERMIT NO. 71 468		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T3S-R59W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5042 TKB		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

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 type="checkbox"/>
(Other) <u>Change of Operator</u> <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.)

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


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

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

(This space for Federal or State office use)  
APPROVED BY William R. Smith TITLE DIRECTOR  
O & G Cons. Comm. DATE JUL 22 1985

CONDITIONS OF APPROVAL, IF ANY: