

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

RECEIVED

MAY 16 1979

REV.



00230231

uplicate for Patented and Federal lands.
uplicate for State lands.

COLO. OIL & GAS COM.

5. LEASE DESIGNATION AND SERIAL NO.
S. COMPT.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 P&A

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Amoco Production Company

8. FARM OR LEASE NAME
Champlin 113 Amoco "B"

3. ADDRESS OF OPERATOR
P.O. Box 39200 - Denver, Colorado 80239

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 2040 FSL 2000 FEL NW SE Sec. 7

10. FIELD AND POOL, OR WILDCAT
Wildcat

At proposed prod. zone

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

Sec. 7, T3S, R59W

14. PERMIT NO.
78-1238

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4931 GR

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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 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 4-23-79

The subject well was plugged and abandoned as follows:

Run CIBP on wireline set at 6110. Spot 1-2 sxs cement on top of CIBP and bailer. Cut casing - free point est. 5500 - pull casing and set plugs as follows:

1. Set 40 sx plug 4900-5000
2. Set 100 sx plug 160-440 to seal Fox Hills
3. Set 10 sx at surface
4. Cut casing 5 ft. below ground and weld plate
5. Restore location

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
ORR	<input type="checkbox"/>

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

SIGNED *K. K. Bech*

TITLE Dist. Admin. Supervisor

DATE 5/15/79

(This space for Federal or State office use)

APPROVED BY *M. Rogers*
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR

DATE MAY 16 1979

X