

RECEIVED

OGCC FORM 4



00416478

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

NOV 16 1973

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

COLORADO OIL &amp; GAS CONSERVATION COMMISSION

API 05 001 6663

5. LEASE DESIGNATION AND SERIAL NO.

**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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1400 Riverton, Wyoming		8. FARM OR LEASE NAME Champlin 113 Amoco A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FEL, 1980 FSL, NE/4 SE/4 SEC 23 At proposed prod. zone		9. WELL NO. 1	
14. PERMIT NO. 73 210		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5156 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 23 T3S-R59W	
		12. COUNTY Adams	13. STATE Colo.

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(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 \_\_\_\_\_

Propose to perforate Muddy J Interval 6156-6162 with 2SPF, Breakdown perforations and swab test, to increase production.

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"/>

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

SIGNED

TITLE Area Administrative Supervisor DATE 11-15-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR  
O & G COMM. DIVISION

DATE

NOV 21 1973

CONDITIONS OF APPROVAL, IF ANY: