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OGCC FORM 4



00416478

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

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

COLO. OIL & GAS CONS. COMM.

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
P.O. Box 1400 Riverton, Wyoming

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

14. PERMIT NO. 73 210

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5156 GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Champlin 113 Amoco A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Noonen Ranch

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(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"/>
HMM	<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

*[Signature]*

TITLE Area Administrative Supervisor DATE 11-15-73

(This space for Federal or State office use)

APPROVED BY

*[Signature]*

TITLE

DIRECTOR  
O & G CONS. COMM.

DATE

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CONDITIONS OF APPROVAL, IF ANY:

*bill*