



OGCC FORM 4

REV. 7-64

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

RECEIVED

MAR 29 1974

API 05-001-6663

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

OIL &amp; GAS CONS. COMM.

## 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 P. O. Box 1400, Riverton, Wyoming 82501		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Champlin 113 Amoco A	
14. PERMIT NO. 73-210		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5156 GR		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-35-59W	
		12. COUNTY Adams	
		13. STATE Colorado	

## 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

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING/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 \_\_\_\_\_

Perforated interval 6156-6162 with 2 JSPF. Breakdown perforations with 50 B0 and 5 gal Hiflo.

Test Before Workover 42 BOPD and 90 BWP.

Test After Workover 46 BOPD and 94 BWP.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓

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

SIGNED

*K. A. Huff*

TITLE

Area Admin. Supervisor

DATE

3-27-74

(This space for Federal or State office use)

APPROVED BY

*M. Rogers*

TITLE

DIRECTOR

DATE

APR 2 1974

CONDITIONS OF APPROVAL, IF ANY:

*fil*