

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.



RECEIVED
JUL 2 1975

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Amoco Production Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 1400 Riverton, Wyoming 82501</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660 FEL, 2160 FSL, NE/4 SE/4 Sec. 31</u> At proposed prod. zone</p> <p>14. PERMIT NO. <u>75-30</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>COLO. OIL & GAS CONS. COMM.</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>UPRR 56 Amoco E</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Lonetree</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 32 T3S, R59W</u></p> <p>12. COUNTY <u>Adams</u></p> <p>13. STATE <u>Colorado</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Change Name

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) _____

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT ☐

(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 _____

Revise to correct name from UPRR 56 Amoco D W#2

DVR	
FJP	✓
HNM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED

K.A. Hufsch

TITLE

Area Admin. Supervisor

DATE

6/30/75

(This space for Federal or State office use)

APPROVED BY

J.R. Rogers

TITLE

DIRECTOR

DATE

JUL 3 1975

CONDITIONS OF APPROVAL, IF ANY:

X