



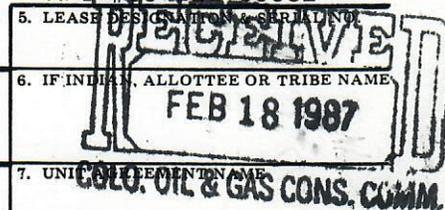
STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES

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

API #05 121 05682

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"/> <u>OGCC #53162</u> | | 5. LEASE DESIGNATION & SERIAL NO. | |
| 2. NAME OF OPERATOR <u>Champlin Petroleum Company</u> <u>Attn: L. Klint</u> | | 6. IF INDIAN ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR <u>5800 S. Quebec, Englewood, CO 80111</u> | | 7. UNIT IDENTIFICATION NAME <u>COLO. OIL & GAS CONS. COMM.</u> | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>670' FNL & 1972' FWL (NENW)</u> At proposed prod. zone | | 8. FARM OR LEASE NAME <u>Jolly "D" 21-8</u> | |
| 14. PERMIT NO. | | 9. WELL NO. <u>#3</u> | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4657' GR</u> <u>4664' KB</u> | | 10. FIELD AND POOL, OR WILDCAT <u>Ramp/"J" Sand</u> | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 8, T3S, R55W</u> | |
| | | 12. COUNTY <u>Washington</u> | 13. STATE <u>CO</u> |

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"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL (Other) <input type="checkbox"/> | CHANGE PLANS: <input type="checkbox"/> | (Other) <u>Change of Operator</u> <input checked="" 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.)

18. Date of work Effective 2/2/87

* Must be accompanied by a cement verification report.

The new operator is: J. M. McCool
Tom Cooper Co.
Box 698
Ft. Morgan, CO 80701
(303) 867-7777

| |
|--|
| FOR OFFICE USE ONLY |
| ET <input checked="" type="checkbox"/> |
| FE <input type="checkbox"/> |
| UC <input type="checkbox"/> |
| SE <input type="checkbox"/> |

53162 (well #3)

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

SIGNED Tim T. Hopkins TITLE Denver District Engineer DATE 2/10/87

(This space for Federal or State office use)

APPROVED BY O.A. Hopkins TITLE SUPR. PETROLEUM ENGINEER DATE APR 10 1987
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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