

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

RECEIVED

AUG 2 1974



00593316

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

COLO. OIL & GAS CONSERV. 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO.																
2. NAME OF OPERATOR <u>Champlin Petroleum Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																
3. ADDRESS OF OPERATOR <u>P. O. Box 1257, Englewood, Colorado 80110</u>		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 <u>1900' FNL & 2100' FEL</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Hughes 32-5 (27-70)</u>																
14. PERMIT NO. <u>74-404</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7588' GR.</u>	9. WELL NO. <u>1</u>																
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>																
<table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input checked="" type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 5, T27S, R70W</u>
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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>															
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>																
		12. COUNTY <u>Huerfano</u>																
		13. STATE <u>Colorado</u>																

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 6-27-74

It is proposed to plug and abandon well as follows:

1. Set 25 sack cement plug 4160-4090' - Entrada
2. Set 25 sack cement plug 3570-3500' - Dakota
3. Set 25 sack cement plug 240-160' - Surface Casing
4. Set 10 sack cement plug 0-30' - Top of Surface.

DVR	
FJP	
HUM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
GGM	

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

SIGNED R. A. Scott TITLE Dist. Drlg. & Prod. Supt. DATE 7-9-74

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE AUG 2 1974

CONDITIONS OF APPROVAL, IF ANY: None

X