

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



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

RECEIVED

AUG 2 1974

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u></p> <p>2. NAME OF OPERATOR <u>Champlin Petroleum Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 1257, Englewood, Colorado</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface 1900' FNL & 2100' FEL</u> <u>At proposed prod. zone</u></p> <p>14. PERMIT NO. <u>74-404</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Hughes 32-5 (27-70)</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA <u>Section 5, T27S, R70W</u></p> <p>12. COUNTY <u>Huerfano</u></p> <p>13. STATE <u>Colorado</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7588' GR.</u></p>	

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
--	--

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT <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.)

Date of work 6-27-74

Well was plugged and abandoned 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	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	

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
 CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE AUG 2 1974

DIRECTOR
 U S O CONSERVATION

X