



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 #05 017 6483

5. LEASE DESIGNATION OR SURVEY NO. RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
10. FIELD AND POOL, OR WILDCAT
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
12. COUNTY
13. STATE

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 GAS WELL OTHER
2. NAME OF OPERATOR
Champlin Petroleum Company Attn: J. E. Cain
3. ADDRESS OF OPERATOR
7600 E. Orchard, Suite 300, North Bldg., Englewood, CO 80155
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 674' FNL & 1984' FEL (NW NE)
At proposed prod. zone
14. PERMIT NO. 841459
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4461' GR

COLO. OIL & GAS CONS. COMM.
JAN 23 1985

10. 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 <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) _____	Status <input checked="" type="checkbox"/>
(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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

- 12/03/84 Ran CBL-CCL-GR w/VDL.
- 12/05/84 Perf Morrow (5508'-5511') w/4 JSPF.
- 12/19/84 Put on pump. Produced at high water cut.
- 1/05/85 Squeezed perfs w/50 sx. class "H" cement (7 sx. into formation).
- 1/08/85 Perf Morrow (5508'-5510') w/4 JSPF; total 9 holes. Swabbed dry.
- 1/10/85 Reperf same interval w/4 JSPF; total 9 holes.

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

SIGNED D. F. Johnson TITLE Petroleum Engineer DATE 1/18/85

(This space for Federal or State office use)

APPROVED BY Gillian P. Smith TITLE DIRECTOR DATE JAN 25 1985

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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