

# 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

DEC 9 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.)

1. <div style="display: flex; justify-content: space-between;"> <div>           OIL WELL <input type="checkbox"/> </div> <div>           GAS WELL <input checked="" type="checkbox"/> </div> <div>           OTHER <input type="checkbox"/> </div> </div>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 1400, Riverton, Wyoming</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>1190 FWL, 990 FSL, SW/4 SW/4 Sec 35</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Noel Hubert Unit</u>
14. PERMIT NO. <u>74-181</u>		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5036 RDB</u>		10. FIELD AND POOL, OR WILDCAT <u>Wattenberg</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 35 T1N R67W</u>
		12. COUNTY <u>Weld</u>
		13. STATE <u>Colorado</u>

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

## NOTICE OF INTENTION TO:

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

## SUBSEQUENT REPORT OF:

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

Date of work 9/16/74

Attached is the production string cementing record for Noel Hubert Unit #1.

OVR	
FIP	✓
HMM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED [Signature] TITLE Area Administrative Supvr. DATE 12/5/74

(This space for Federal or State office use)

APPROVED BY D.V. Rogers  
CONDITIONS OF APPROVAL, IF ANY: 720

TITLE DIRECTOR

DATE DEC 10 1974



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*file*