

# **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**  
**SEP 24 1976**

COLO. OIL & GAS CONSV. 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Champlin Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1257, Englewood, Colo. 80110		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           SW NE At proposed prod. zone		8. FARM OR LEASE NAME Zarlengo 32-29 (1-67)
14. PERMIT NO. 76439		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5056'		10. FIELD AND POOL, OR WILDCAT Surrey
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-1-N, R-67-W
		12. COUNTY Weld
		13. STATE Colo.

### 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"/>
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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 type="checkbox"/>
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(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 9/15/76

This well is located on the W<sub>1/2</sub> NE Section 29, T-1-N, R-67-W

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	<input checked="" type="checkbox"/>

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

SIGNED G.M. Jameson TITLE Engineer DATE 23 Sept 1976  
 (This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 28 1976  
 CONDITIONS OF APPROVAL, IF ANY: O & G CONSV. COMM.



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*file*