

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

RECEIVED  
JAN 7 1982

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

5. ~~LOCAL DEPARTMENT NO.~~ **COLORADO OIL & GAS CONSERVATION**

**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**

3. ADDRESS OF OPERATOR  
**P. O. Box 3158; Englewood, CO 80155**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface **1980' FNL & 660' FEL (SE NE)**  
At proposed prod. zone

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Zarlengo 42-29**

9. WELL NO.  
**#1**

10. FIELD AND POOL, OR WILDCAT  
**Spindle**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Section 29, T1N, R67W**

12. COUNTY **Weld** 13. STATE **CO**

14. PERMIT NO. **731046** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**5024' GR 5032' KB**

16. 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 checked="" 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) <input 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.)

18. Date of work 12/29/81 \* Must be accompanied by a cement verification report.

DR
RJP
HB
MM
CC
LS
WR

Re-frac Sussex perfs (4855'-79') w/86,850 gals. Super E and 102,000# 20-40 mesh sand & 154,000# 10-20 mesh sand.

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

SIGNED [Signature] TITLE District Engineer DATE 1/5/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE JAN 11 1982

CONDITIONS OF APPROVAL, IF ANY:

