

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 6 1972

API #05-123-7217

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501		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 660 FWL 660 FSL Sec. 3 T1N R68W At proposed prod. zone		8. FARM OR LEASE NAME UPRR 43 Pan American "A"
14. PERMIT NO. 70-705		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5049 GL 5057 RDB		10. FIELD AND POOL, OR WILDCAT Wildcat <i>spindle</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3 T1N R68W
		12. COUNTY Weld
		13. STATE Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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 checked="" type="checkbox"/> Recomplete	<input checked="" 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) <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.)

Date of work _____

Shannon production declined to 7-8 BOPD

Propose to test Sussex as follows:

Set CIBP at 4850 x sx cmt on top.

Perforate following intervals with 1 shot: 4716, 4717, 4718, 4719, 4720, 4724, 4725, 4726, 4727, 4728, 4738, 4740, 4742, 4744, 4746.

Frac down csg with lease crude and 20,000# 10-20 sn, 10,000# 8-12 sn and 3000# 6-8 sn.

Place well on pump and test.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
WHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JD	<input checked="" type="checkbox"/>



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

SIGNED [Signature]

TITLE Area Adm. Supervisor

DATE 12/4/72

(This space for Federal or State office use)

APPROVED BY [Signature]
 CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
OGCC COMM. COMM.

DATE DEC 11 1972

Recomplete