

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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 1400, Riverton, Wyoming 82501

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
UPRR 43 Pan American "A"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat *spindle*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3 T1N R68W

12. COUNTY
Weld

13. STATE
Colorado

14. PERMIT NO.
70-705

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5049 GL 5057 RDB

c sw sa

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"/>	FULL 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) _____	
(Other) <input checked="" type="checkbox"/> Recomplete	<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 _____

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"/>
HD	<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] TITLE DIRECTOR DATE DEC 11 1972
CONDITIONS OF APPROVAL, IF ANY:

Recomplete