

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.

API #05-123-5217 <sup>7217</sup>

RECEIVED  
JAN 18 1971

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Pan American Petroleum Corporation		7. UNIT AGREEMENT NAME COLO. OIL & GAS CONS. COMM.	
3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501		8. FARM OR LEASE NAME UPRR #43 Pan Am	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL 660' FWL Sec 3 T1N R68W At proposed prod. zone		9. WELL NO. 1	
14. PERMIT NO. 76-705		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5049 GL	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., E., 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:		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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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.)

Date of work 1/15/71

TD 8400' 8-5/8" csg set at 214' with 220 sx cement.

Abandoned as follows:

- Set 15 sx cmt plug at 8223-8260
- Set 105 sx cmt plug at 700-900
- Set 220 sx cmt plug at 200-500
- Set 10 sx cmt at surface

Verbal approval obtained from Piro to Adams 11:45 PM 1/14/71

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



00041644

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

SIGNED [Signature] TITLE Area Superintendent DATE 1/15/71

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 20 1971  
CONDITIONS OF APPROVAL, IF ANY: