

RECEIVED

JUN 18 1971

COLO. OIL & GAS CONS. COMM.

OGCC FORM 4

REV. 7-64

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

API #05-123-7217

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

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 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 Am
14. PERMIT NO. 70-705	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5049' GL 5061 KB	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		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:		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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 cmt.

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 plug at surface

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



CONFIDENTIAL

18. I hereby certify that the foregoing is true and correct
SIGNED AC Woodall TITLE Area Superintendent DATE June 16, 1971

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE JUN 21 1971
CONDITIONS OF APPROVAL, IF ANY: _____

dup