

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

RECEIVED
DEC -5 1978

State of Colo.
Oil & Gas Cons. Comm.
1313 Sherman St., Rm. 721
Denver, Colorado 80203

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

COLO. OIL & GAS CONS.

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.)

5. LEASE DESIGNATION AND SERIAL NO.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Futura Horse Village 41-3
9. WELL NO. 3
10. FIELD AND POOL, OR WILDCAT Spindle
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 3, T1N, R68W
12. COUNTY Weld
13. STATE Colorado



1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 39200 - Denver, Colorado 80239

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 2205 FEL 1020 FNL NW NE Sec. 3
At proposed prod. zone

14. PERMIT NO. 78-646

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5018 GR

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Change Location	
(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 Spud Date To Be 12-4-78

Change of Location to footage above due to surface owner's request for irrigation purposes and to possibly future sub-divide land. Verbal approval from Jules Desalvo to Rod Cranford 12-1-78.

DVR	
FJP	
HHM	
JAM	
JJD	
RWS	
CGM	



00041525

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

SIGNED [Signature] TITLE Dist. Admin. Supervisor DATE 12-1-78

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: DATE DEC 8 1978

file