

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



RECEIVED

MAR 14 1980

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. COLD. CTR. CTS. COMM.	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 39200 - Denver, Colorado 80239		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 FSL 2160 FWL SE SW Sec. 10 At proposed prod. zone		8. FARM OR LEASE NAME UPRR 43 Pan Am "I"	
14. PERMIT NO. 80 200		9. WELL NO. 28	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5113 GR		10. FIELD AND POOL, OR WILDCAT Spindle	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, 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) <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.)

18. Date of work 2-28-80 \* Must be accompanied by a cement verification report.

Plugged and abandoned the subject well as follows:

Will follow

Set CIBP @ 205 feet  
Spot 3 sx cement on top  
Spot 10 sx cement for surface plug  
Cut off csg. 5' below surface, capped

Verbal approval to P&A received from Hack Morrell to Steve Hardy on 2-28-80 @ 9:30 a.m.

DVR	
POP	✓
HHM	✓
JAM	✓
JJD	✓
RLS	
CSM	

"Junked Hole"  
(No Logs run)

820 + 171  
Maria Wunder  
820-4898

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

SIGNED R.K. Beck / WXB TITLE Dist. Admin. Supervisor DATE 3-10-80

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR-OGCCONS.COMM DATE MAR 17 1980

CONDITIONS OF APPROVAL, IF ANY: