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GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

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

RECEIVED

AUG 03 1972

API #05-001-6536

LEASE DESIGNATION AND SERIAL NO.

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  Dry Hole

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 FNL 660 FWL Sec. 34 T3S R65W  
At proposed prod. zone

5. LEASE DESIGNATION AND SERIAL NO. (API #05-001-6536)

6. IF INDIAN, ALEOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Flader Industries, Inc. "B"

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34 T3S R65W

12. COUNTY  
Adams

13. STATE  
Colorado

14. PERMIT NO.  
72-487

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5560 GL RDB

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 \_\_\_\_\_

TD 8780 8-5/8" 23# CSA 227' x 200 sx cmt.

Plugged as follows:

- Set 45 sx cmt plug 8300-8450
- Set 200 sx cmt plug 1600-1900
- Set 20 sx cmt plug 205-265
- Set 10 sx cmt plug at surface.

Verbal approval to PXA Rodgers to Adams 7/13/72

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"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Area Adm. Supervisor DATE 8/1/72

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE \_\_\_\_\_ DATE AUG 4 1972  
CONDITIONS OF APPROVAL, IF ANY: [Signature]



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