

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE

File in duplicate  
File in triplicate



MAY 24 1972  
ds.

API #05-001-6496

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"/> <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <b>Amoco Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 1400, Riverton, Wyoming 82501</b>		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 <b>660 FEL x 660' FNL Section 15 T3S R66W</b> <b>At proposed prod. zone</b>		8. FARM OR LEASE NAME <b>Edward Roland Hoyt</b>
14. PERMIT NO. <b>72-296</b>		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5388 GL 5397 RDB</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 15 T3S R66W</b>
		12. COUNTY <b>Adams</b>
		13. STATE <b>Colorado</b>

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) _____	(Other) _____
(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 5/10/72

TD 8848 8-5/8" 24# CSA 420 x 425 sx reg cmt.

Plugged as follows:

- Set 30 sx cmt plug at 8400-8500
- Set 170 sx cmt plug 1450-1820
- Set 20 sx cmt plug at 385-455
- Set 10 sx cmt plug at surface.

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

Verbal approval to PXA McKee to Adams.

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

SIGNED E. C. Woodall TITLE Area Superintendent DATE 5/22/72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 30 1972  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: