



REV. 7-64

ND GAS CONSERVATION COMMISSION  
EPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO

RECEIVED

APR 22 1977

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

COLO. OIL &amp; GAS CONS. COMM.

## 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 type="checkbox"/>		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 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 FNL 660 FWL NW NW Sec. 7 At proposed prod. zone		8. FARM OR LEASE NAME Champlin 249 Amoco "A"	
14. PERMIT NO. 75982		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5447 RDB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T3S, R64W	
		12. COUNTY Adams	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 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 \_\_\_\_\_

✓ This well is still incomplete at this time and has not been P&amp;A.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓
GCH	
CGM	

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

SIGNED <u>[Signature]</u>	TITLE <u>Area Admin. Supervisor</u>	DATE <u>4-20-77</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>DIRECTOR</u>	DATE <u>MAY 6 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		