

OIL AND GAS CONSERVATION COMMISSION



File in triplicate

NATURAL RESOURCES

COLORADO

and Federal lands

RECEIVED

JUL 20 1979

COLO. OIL & GAS CONS.

COMMISSION 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 39200, Denver, Colorado 80239		8. FARM OR LEASE NAME Champlin 249 'A'	
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 C NW NW Sec. 7 At proposed prod. zone		9. WELL NO. 1	
14. PERMIT NO. 75-982		10. FIELD AND POOL, OR WILDCAT Unnamed	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5435 GR		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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐☒ present status

(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 _____

✓ The subject well has been authorized for abandonment .
 ✓ Plan to plug and abandon as soon as possible.

BYR	
FAP	
MMH	✓
JAM	✓
JJD	✓
BLS	
CM	

intent to abandon.

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

SIGNED

District Admin. Supervisor

DATE 07/19/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

D. V. ROGERS, CHIEF

DATE

JUL 30 1979

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