

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

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

RECEIVED

FEB 15 1979



COLO. OIL & 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 checked="" 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 PO BOX 39200 - Denver Colo 80239		7. UNIT AGREEMENT NAME Poncho J Sand UT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>C NW SE Sec 34</u> At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO. 71 536		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5043 GR		10. FIELD AND POOL, OR WILDCAT Poncho	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34 3S R59W	
		12. COUNTY Adams	13. STATE Colo

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

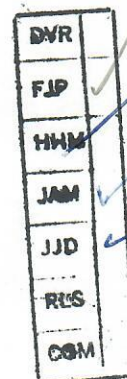
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <u>Name Change</u>	

(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 10-1-78

Formerly known as the Colo 34-3-59 Well #2. Unitized 10-1-78



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

SIGNED KK Beck

TITLE Dist Admin Supervisor

DATE 2-7-79

(This space for Federal or State office use)

APPROVED BY W. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
U & G CONS. COMM.

DATE FEB 20 1979

X