

OIL AND GAS
DEPARTMENT
OF THE STATE OF COLORADO

SION

00334294

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

RECEIVED

NOV 14 1975

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 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 At proposed prod. zone C NE/4 SE/4		8. FARM OR LEASE NAME MOC State
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Lonetree
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 36, T3S, R60W
		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

Status

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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 Above well is shut-in.

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

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

SIGNED

TITLE

Area Admin. Suprv.

DATE Nov. 10, 1975

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

DATE NOV 17 1975