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MINERAL 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.

5. LEASE DESIGNATION AND SERIAL NO. _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Champlin 351 Amoco "A"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Big Bend

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T3S, R61W

12. COUNTY
Adams

13. STATE
Colorado

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 GAS WELL OTHER P&A

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 39200 - Denver, Colorado 80239

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
 See also space 17 below.)
 At surface 1980 FNL 660 FWL SW NW Sec. 1
 At proposed prod. zone

14. PERMIT NO. 77351

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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) _____	
(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 _____

Propose to show the drilling unit on this well to be W/2 of the NW/4

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
GCH	
CGM	

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

SIGNED [Signature] TITLE Area Admin. Supervisor DATE 5-18-77

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 25 1977
 O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

[Signature]