



ND GAS CONSERVATION COMMISSION
PARTMENT OF NATURAL RESOURCES
F THE STATE OF COLORADO

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

RECEIVED
MAY 23 1977

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
SUEVEY 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.)

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

(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
O & G CONS. COMM.

DATE

MAY 25 1977

CONDITIONS OF APPROVAL, IF ANY:

[Signature]