

OIL AND GAS CONSERVATION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO
00401316



RECEIVED
APR 26 1982
COLO. OIL & GAS CONS. COMM.

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

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 checked="" type="checkbox"/> Drilling		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Champlin Petroleum Co. Attention: Ramona J. Rhoden		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1257, Englewood, CO 80150		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: NW SE (1980' FSL & 1978' FEL) At proposed prod. zone:		8. FARM OR LEASE NAME Downing UPRR 33-29	
14. PERMIT NO. 82 594		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, ST, CR, etc.) 5105' GL, 5116' KB		10. FIELD AND POOL, OR WILDCAT Wildcat/"J" Sand	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 29, T-3-S, R-58-W	
		12. COUNTY Adams	13. STATE Colo.

16. 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"/>	FULL 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) <u>Status</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 4/16/82 - 4/19/82

Spudded 12 1/4" hole @ 6:00 P.M. 4/16/82. Drilled to 220'. Ran 5 jts. 8-5/8", 24#, K-55, SHC casing, shoe @ 210'. Cemented w/160 sacks regular cement. Plug down @ 9:45 P.M. 4/16/82. WOC 8 hrs. Tested casing & BOP's before drilling out.

Drilled 7-7/8" hole 200' to 5291'.

Present Operation: Drilling

DVR	
FJP	
JAM	✓
JJD	
RLS	
CGM	✓

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

SIGNED Ramona J. Rhoden TITLE Sr. Engr. Aide DATE 4/20/82
(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm DATE MAY 5 1982
 CONDITIONS OF APPROVAL, IF ANY: