

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

RECEIVED

OCT 14 1980

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

COLO. OIL &amp; GAS CONSERV. COM.

## 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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & 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, CO 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 1980 FNL 650 FWL SW NW Sec. 31 At proposed prod. zone		8. FARM OR LEASE NAME UPRR 56 F	
14. PERMIT NO. 761271		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5046 RKB		10. FIELD AND POOL, OR WILDCAT Lonetree	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T3S, R59W	
		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	<input checked="" 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 checked="" 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)	<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.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

The following well was refractured as follows:

Refrac: 117,000 gal  
192,000 # 20/40 sn  
36,000 # 10/20 sn  
3,460 gal flush

Production Before: 10 BO x 18 BW x 53 MCFD

Production After: 6 BO x 66 BW x 20 MCFD

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

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

SIGNED

L. L. Harper

TITLE

Dist. Admin. Supervisor

DATE

10/6/80

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

DIRECTOR  
O & G CONSERV. COM.

DATE

OCT 15 1980

CONDITIONS OF APPROVAL, IF ANY:

file