



STATE OF COLORADO  
AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED  
MAR 12 1986

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.)

COLORADO OIL & GAS CONS. COMMISSION

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. S. OPRR	
2. NAME OF OPERATOR Champlin Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 7600 E. Orchard, Suite 300, N. Bldg., Englewood, CO 80111		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 NE NE At proposed prod. zone		8. FARM OR LEASE NAME Champlin 41-14	
14. PERMIT NO. 76 219		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5110' GR 5120' KB		10. FIELD AND POOL, OR WILDCAT Spindle/Sussex	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14, T1N, R68W	
		12. COUNTY Weld	13. STATE CO

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"/>	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) Information per state request. <input checked="" type="checkbox"/>	
(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.)

18. Date of work \_\_\_\_\_ \* Must be accompanied by a cement verification report.

- 5/13/76 Perforated Shannon from 5259' to 5278', one shot every other foot. Swabbed; no gas, no fluid.
- 5/14/76 Set bridge plug @ 5200'.
- 5/14/76 Perforated Sussex per sundry dated 7/31/76.  
Well never produced from Shannon Formation.

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

SIGNED E. D. Iggy TITLE Petroleum Engineer DATE 3/11/86  
(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE MAR 26 1986  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

