



00041991

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

SUBMIT ORIGINAL AND 1 COPY

1. Run Shot gun
2. Subseq. Sundry
3. Give to Kim

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER</p>		<p>5. FEDERAL/INDIAN OR STATE LEASE NO.</p>
<p>2. NAME OF OPERATOR Amoco Production Company</p>		<p>6. PERMIT NO. 85-1002</p>
<p>3. ADDRESS OF OPERATOR P.O. Box 800 Attn: John Hampton CITY STATE ZIP CODE Denver, Colorado 80201</p>		<p>7. API NO. 05-123-12547</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL, 1980' FWL At proposed prod. zone</p>		<p>8. WELL NAME UPRR 43 Pan Am Y</p>
<p>12. COUNTY Weld</p>		<p>9. WELL NUMBER 1</p>
		<p>10. FIELD OR WILDCAT Watenberg/Codell/Niobr.</p>
		<p>11. Q1R, Q1R SEC., T1R AND MERIDIAN NE/NW Sec. 14 T1N, R68W</p>

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

<p>13A. NOTICE OF INTENTION TO:</p> <p><input checked="" type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER</p>
--	---	--

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK \_\_\_\_\_

Amoco Production Company intends to plug and abandon the subject well as follows:

1. T.O. tubing.
2. Set CIBP at 7450'.
3. Set 2sxs cement plug top of CIPB W/dump bailer.
4. Set 10 sxs cement surface plug.
5. Cut off casing 5' below ground level.
6. Restore location to original contours.

\* 25 SXS 1/2 in. out @ 774

**RECEIVED**

JAN 28 1992

COLO. OIL & GAS CONS. COMM.

**RECEIVED**

JAN 23 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED John Hampton / CIB TELEPHONE NO. 303-830-5119

NAME (PRINT) John Hampton TITLE Sr. Staff Admin. Supr. DATE 1/19/90

(This space for Federal or State office use)

APPROVED Stephan Pelt TITLE Sr. Engr. DATE 1/26/90

CONDITIONS OF APPROVAL, IF ANY: