

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

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

RECEIVED

NOV 18 1974

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		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501		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 SW/4 SW/4 Sec 35 At proposed prod. zone		8. FARM OR LEASE NAME Noel Hubert Unit
14. PERMIT NO. 74-181	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wattenberg
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35 T1N R67W
		12. COUNTY Weld
		13. STATE Colorado

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input 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) Present Status	XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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)	

(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 _____

This well is in an incomplete status as of 11/13/74. The well is currently being flow tested prior to its completion.

DVR	
FJP	✓
HMM	✓
JAM	✓
JJD	✓
CGH	
CGM	

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

SIGNED [Signature] TITLE Area Administrative Supvr. DATE 11/13/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR U.S. CONSERVATION COMMISSION DATE NOV 21 1974

CONDITIONS OF APPROVAL, IF ANY:



00036307

file