

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.)

| | |
|--|---|
| <p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1400, Riverton, Wyoming 82501</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW/4 Sec 35 At proposed prod. zone</p> <p>14. PERMIT NO. 74-181</p> | <p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Noel Hubert Unit</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wattenberg</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35 T1N R67W</p> <p>12. COUNTY Weld</p> <p>13. STATE Colorado</p> |
|--|---|

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 | ✓ |
| HHM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| CCN | |
| CCM | |

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]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

O & G CON. COM.

DATE NOV 21 1974



00036307

file