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CONSERVATION COMMISSION RECEIVED
DEPARTMENT OF NATURAL RESOURCES
STATE OF COLORADO

JUL 24 1973

123 07761

API 05-123-7761

State for Patented and Federal lands,
State for State lands.

COLO. OIL & GAS CONS. COMM.

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 990 FWL 990-FSL NE SW SW Sec 29 At proposed prod. zone		8. FARM OR LEASE NAME UPRR 43 Pan Am D
14. PERMIT NO. <input checked="" type="checkbox"/> 73 466	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wattenberg
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29 T1N R 67W
		12. COUNTY Weld
		13. STATE Colo

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" 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.)

Date of work _____

Application to drill was approved on July 6, 1973. Well has been cancelled and will not be drilled

Refused

Recd - 8/15/77

DVR	
FJP	<input checked="" type="checkbox"/>
HUM	<input checked="" type="checkbox"/>
JAW	<input checked="" type="checkbox"/>
LD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Area Admin. Supervisor DATE July 23, 1973

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 26 1973
CONDITIONS OF APPROVAL, IF ANY:



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