



GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

RECEIVED

NOV 21 1980

COLO. OIL & GAS CONS. COMM.

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. FEE	
2. NAME OF OPERATOR Sohio Petroleum Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P.O. Box 30, Casper, WY 82602		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 SE NW (1980' FNL & 1980' FWL) At proposed prod. zone Same		8. FARM OR LEASE NAME UPRR Amoco	
14. PERMIT NO. 801026		9. WELL NO. #7-6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 5442' KB 5452'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T3S, R64W	
		12. COUNTY Adams	13. STATE Colorado

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) 3 Zone Test <input checked="" type="checkbox"/>	X <input checked="" type="checkbox"/>

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) <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 _____

1. Perforate "J" Sand 8122-38 & test. Acidize w/1000 gal 7½% acid & test.
2. If non commercial, set CIBP @ + 8110 & dump 1 sx cmt on plug.
3. Perforate "D" Sand 8046-76 & test. Acidize w/1500 gal 7½% Hcl acid & test.
4. If non-commercial, set CIBP @ +7750 & dump 1 sx cmt on plug.
5. Perforate Timpas 7648-58 & test. Acidize w/1000 gal 28% Hcl & test & frac if necessary.
6. If zones test non-commercial, well will be plugged & abandoned per O&G Commission instructions. If a zone tests commercial, completion will be made at that point. Pending results of bond logs, block cement squeezes may be performed over test intervals detailed above.

DNR	
RJP	
HMM	
JAM	
JJD	
RLS	
CGM	

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

SIGNED

D. R. Holcomb
 D.R. Holcomb

TITLE Asst. Dist. Supt.

DATE 11-19-80

(This space for Federal or State office use)

DIRECTOR
 O&G CONS. COMM.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 24 1980