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OGCC
REV. 7-64



GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

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.)

5. LEASE DESIGNATION AND SERIAL NO.	FFF
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	- - -
7. UNIT AGREEMENT NAME	- - -
8. FARM OR LEASE NAME	UPRR Amoco
9. WELL NO.	#7-6
10. FIELD AND POOL, OR WILDCAT	Wildcat
11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA	Sec. 7, T3S, R64W
12. COUNTY	Adams
13. STATE	Colorado

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Sohio Petroleum Co.

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

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

14. PERMIT NO. 801026

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GL 5442' KB 5452'

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>3 Zone Test</u> <input checked="" type="checkbox"/>	<input checked="" 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 _____

- Perforate "J" Sand 8122-38 & test. Acidize w/1000 gal 7½% acid & test.
- If non commercial, set CIBP @ + 8110 & dump 1 sx cmt on plug.
- Perforate "D" Sand 8046-76 & test. Acidize w/1500 gal 7½% Hcl acid & test.
- If non-commercial, set CIBP @ +7750 & dump 1 sx cmt on plug.
- Perforate Timpas 7648-58 & test. Acidize w/1000 gal 28% Hcl & test & frac if necessary.
- 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.

DVR	<input type="checkbox"/>
RJP	<input type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED D. R. Holcomb TITLE Asst. Dist. Supt. DATE 11-19-80
D.R. Holcomb

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 24 1980
O&G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: