

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

RECEIVED

JUN 18 1984



File in duplicate for Patented and Federal lands.
File in triplicate 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE NO. 00523095	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 39200 Denver, CO 80239		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 1980 FNL 1980 FWL SENW/4 Sec. 23 At proposed prod. zone		8. FARM OR LEASE NAME Champlin 205 Amoco A	
		9. WELL NO. #6	
		10. FIELD AND POOL, OR WILDCAT Grouse	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23 - T15S-R46W	
14. PERMIT NO. 84356	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4491 GR	12. COUNTY Cheyenne	13. STATE CO

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"/>
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) <input type="checkbox"/>	

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 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.)

18. Date of work 5/2/84 - 5/5/84

* Must be accompanied by a cement verification report.

- Set 200 sxs cement plug at 5800
- Set 75 sxs cement plug at 4600
- Set 75 sxs cement plug from 850' to 750'
- Set 10 sxs cement plug at surface
- Cut surface casing 5 feet below ground level and welded on cap
- Restored surface to original contour

Confirms verbal approval Fank Piro to C.M. Plant 5/2/84

WRS
FJP
HMM
JAN
RCC
LAR
OGM
ED

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

SIGNED A.R. West

DISTRICT ADMINISTRATIVE SUPERVISOR

TITLE _____ DATE 6/14/84

(This space for Federal or State office use)

APPROVED BY William Smith
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G Cons. Comm.

DATE JUN 29 1984