Form 3160-5 / UNITED	STATES	SUBMIT IN TRIPLICATE.	Budget Bureau No. 1004-0135
(Formerly 9-371) DEPARTMENT OF		(Other Instructions on each	Expires August 31, 1985 LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LANG	MANAGEMENT	2 th	SF-078336
JUNDRY NOTICES AND		MELLS ROOM	. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug back to ERMIT—" for such proposa	s, a different reservoir.	
OIL GAS TOTHER COAL	Seam	AH CV EARING EU	. UNIT AGREEMENT NAME
Amoco Production Company	ATTN: J.L. H		FARM OR LEASE NAME
3. ADDRESS OF OPERATOR		<u> </u>	WELL NO.
P. O. Box 800 Denver, Co	olorado 80201		#2
See also space 17 below.) At surface			O. FIELD AND POOL, OR WILDCAT
980'FWL, 2390'FS	SC NW/SW)	1. SEC., T., R., W., OR BLE. AND SURVEY OR AREA
			Sec.11,T30 N, K9 W
30-045-2754 16. ELEVATIO	NS (Show whether DF, RT, G	r, etc.)	2. COUNTY OR PARISH 13. STATE
18. Check Appropriate Bo	ox To Indicate Natur	of Notice, Report, or Oth	er Data
NOTICE OF INTENTION TO:		жиравив	T REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER FRACTURE TREAT MULTIPLE COME	1—1	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT ON ACIDIZE ABANDON*		SHOOTING OR ACIDIZING	ABANDONWENT*
REPAIR WELL CHANGE PLANS (Other)		(Other) Spud ond (Notal Report results of	multiple completion on Weil
17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Class	ly state all pertinent deta	Completion or Recompletic	on Report and Log form.
proposed work. If well is directionally drilled, a nent to this work.)	tive adoptinee locations i	tur merenter and time settical d	epths for all markers and zones perti-
Spud a $12/4''$ surface hole	on 11/28/8	9 at <u>20:00</u> hr	s. Drilled to 270
set 95/8"36# K-55	surfac	e casing at 26	? 8 '. Cemented wit
235 5x C1B		irculated 18	BBLS to the surface
Pressure tested casing to of 2585 on 12/2/89	1500 psi Set 7"3	Drilled a 8	hole to a TD
	mented with	450 5× 65/35	production poz. 100s% Cl.B
surface.	. Circulated	_30BBLS	good cement to the
Rig Released at 12:50 hi	1.	loc	
kig keleased atni	rs. on $\frac{12}{2}$	DIE CO	EIVEM
		FEB	2 0 1990
		ાં ૦	ON. DIV.
			IST. 3
•			
18. I hereby certify that the foregoing is true and corr			12.11
SIGNED THAT WHO UB	TITLE Sr. S	taff Admin. Supv	- DATE 1/24/90
(This space for Federal or State office use)			OOFDIED FAS OBOODS
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	•	CCERTED FOR RECORD
	NMOCE)	FEB 1 4 1990
•			1 FD T # (330)

*See Instructions on Reverse Side