**Historic Well Pad Component Form**

This form should be completed for each historic well pad. Call OAHP staff (303-866-5216) prior to assigning a resource number.

### I. Resource Identification

1. **Resource Number:**
2. **Temporary Resource Number:**
3. **Resource Property Name:**

### II. Geographic Location

4. **Location**
   - **PM**
   - **Township**
   - **Range**
   - **Section**
   - ¼ ¼ ¼ ¼
   - If section is irregular, explain alignment method:
5. **USGS Quad:**
6. **County**
7. **UTM Coordinates**
   - **Datum Used**
   - NAD 27
   - NAD 83
   - WGS 84
   - Other:
   - **Zone**
   - __
   - mE
   - mN
8. **UTM Source**
   - Corrected GPS/rectified survey (<5m error)
   - Uncorrected GPS
   - Map template
9. **Well pad elevation** (feet):

### III. Resource Description

10. **Well Name/ Number:**
11. **Well Type:**
   - Modernized historic oil well (New well head)
   - Abandoned/ capped oil well ("Monument" spire)
   - Shut-in oil well (Large shut-off valve at well head but active)
   - Oil well converted to water injection (Abandoned)
   - Oil well converted to water injection (Shut-in)
   - Reclaimed (No bore hole evident)
   - Other (Describe below)
   - Description:
12. **Current Operator:**
13. **Federal or State Lease:**
14. **Spud Date:**
15. **Well Bore Completion Date:**
16. **Component Description:**

17. **Modifications (describe and include dates):**

18. **Associated Artifacts:**

19. **Associated Features or Resources:**

### IV. Research Information

20. **Date of Construction / Date Range:**
   - Source(s) of Information:
21. **Original Operator (if different from #7 above):**
   - Source(s) of Information:
22. Historical / Archival Data:

V. Eligibility and Management Recommendations

23. Eligibility of Individual Historic Well Pad

- Eligible
- Not Eligible
- Need Data
- Is this an official determination?
- Yes
- No

Remarks / Justification:

24. Assessment of historic physical integrity related to significance:

25. National/State Register District Potential:
- Yes
- No

Explain:

26. Cultural Landscape Potential:
- Yes
- No

Explain:

27. If yes to 25 or 26, Is this well contributing:
- Yes
- No

Explain:

28. Recorder’s Management Recommendations:

VI. Documentation

29. Photograph Numbers:

Files or negatives stored at:

30. Report Title:

31. Recorder(s):

32. Date:

33. Recorder affiliation:

Phone number / E-mail

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