

BEST IMAGE  
AVAILABLE



OGCC FORM 4  
1/89

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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
EX	FE	UC	SE

**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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5 FEDERAL INDIAN OR STATE LEASE NO.
1 NAME OF OPERATOR Pintail Petroleum, Ltd.		6 PERMIT NO. 84 1006
3 ADDRESS OF OPERATOR 225 N. Market # 300 CITY STATE ZIP CODE Wichita, KS. 67202		7 API NO. 05-017-06472
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface At proposed prod. zone		8 WELL NAME Champlin Larsen 23-14
		9 WELL NUMBER 23-14
		10 FIELD OR WILDCAT Grouse
12 COUNTY Cheyenne		11 QTR. QTR. SEC., T.R. AND MERIDIAN SE SW Sec. 23-15S-46W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- ☒ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION  
COMMINGLED ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT  
(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -  
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

\*Use Form 5 - Well Completion or Recompletion Report and Log  
for subsequent reports of Multiple/Commingled Completions  
and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED  
(DATE \_\_\_\_\_)  
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED  
(DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK LATE AUGUST / EARLY SEPTEMBER

Perfs 5550-68

TD 5700' 5596 PBTD

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

SIGNED

Walter I. Phillips, Jr.

TELEPHONE NO. (316) 263-2243

NAME (PRINT)

Walter I. Phillips, Jr.

TITLE

Plata Supervisor

DATE 8/14/95

(This space for Federal or State office use)

APPROVED

TITLE

DATE

9/19/95

CONDITIONS OF APPROVAL, IF ANY:

PLUG PER APPROVED PROCEDURES