

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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 NO
2 NAME OF OPERATOR Pintail Petroleum, Ltd.		6 PERMIT NO
3 ADDRESS OF OPERATOR 225 N. Market, Ste. 300		7 API NO 05-017-06472
CITY STATE ZIP CODE Wichita KS 67202		8 WELL NAME Champlin Larsen
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface SE SW of Sec. 23-15S-46W At proposed prod. zone		9 WELL NUMBER 23-14X
12 COUNTY Cheyenne		10 FIELD OR WILDCAT Grouse
		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
COMMINGLE 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 report of Multiple/Commungled 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 Sept. 13, 1995CIBP # 5534, dump 2sx on top; perf @ 2100', pump 125sx @ 500# pressure;
put 5sx in 5½"; 5sx in surface at top.BEST IMAGE
AVAILABLE

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

SIGNED

Beth A. IsernTELEPHONE NO. (316) 263-2243NAME (PRINT) Beth A. Isern TITLE GeologistDATE 11/2/95

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11/21/95SUBJECT TO FINAL OGCC INSPECTION