



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

SUBMIT ORIGINAL AND 1 COPY



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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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER D&A		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		6. PERMIT NO. 93-1
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY STATE ZIP CODE WICHITA KS 67201		7. API NO. 05-017-07358
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 300' FNL & 1300' FEL At proposed prod. zone		8. WELL NAME Nicholarsen
12. COUNTY Cheyenne		9. WELL NUMBER 1
10. FIELD OR WILDCAT Wildcat		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NE Sec. 10-16S-49W

RECEIVED
SEP 22 1994
COLO. OIL & GAS CONS. COMM.

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/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/T.MPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER Drilling Pits

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 _____

The drilling pits have been backfilled and restoration was completed on 9-19-94.

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

SIGNED [Signature] TELEPHONE NO. 316-264-6366

NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE 9-20-94

(This space for Federal or State office use)

APPROVED [Signature] TITLE SR. PETROLEUM ENGINEER DATE DEC 08 1994
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.