



**STATE OF COLORADO**  
**OIL AND GAS CONSERVATION COMMISSION**  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY

RECEIVED  
**JUL 27 1995**

FOR OFFICE USE		
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" 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.
2. NAME OF OPERATOR <b>KN PRODUCTION COMPANY</b>		6. PERMIT NO.  <b>00271920</b>
3. ADDRESS OF OPERATOR <b>P.O. BOX 281304</b>		7. API NO. <b>05-057-5081</b>
CITY <b>LAKEWOOD</b> STATE <b>CO</b> ZIP CODE <b>80228</b>		8. WELL NAME <b>BLEVINS</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface  At proposed production zone <b>As above</b>		9. WELL NUMBER <b>A-4</b>
12. COUNTY <b>JACKSON</b>		10. FIELD OR WILDCAT <b>CANADIAN RIVER</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SWNW 11 9N 78W</b>

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

<p><b>13A. NOTICE OF INTENTION TO:</b></p> <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	<p><b>13B. SUBSEQUENT REPORT OF:</b></p> <input type="checkbox"/> FINAL PLUG AND ABANDONMENT <small>SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</small> <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER: <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small>	<p><b>13C. NOTIFICATION OF:</b></p> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED <small>DATE: <b>10-87</b> (REQUIRED EVERY 6 MONTHS)</small> <input type="checkbox"/> PRODUCTION RESUMED <small>DATE:</small> <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER:
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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

**Status Update:**

The well has been shut-in since October 1987.

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

SIGNED Carol Criss PHONE NO. 303/980-9340

NAME (PRINT) Carol Criss TITLE Engineering Tech DATE 07/24/95

(This space for Federal or State office use)

APPROVED [Signature] TITLE RCPT DATE 8-7-95

CONDITIONS OF APPROVAL, IF ANY: