



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

**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.  00271920
3. ADDRESS OF OPERATOR <b>P.O.BOX 281304</b>			7. API NO. 05-057-5081
CITY <b>LAKEWOOD</b> STATE <b>CO</b> ZIP CODE <b>80228</b>			8. WELL NAME BLEVINS
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 A-4
12. COUNTY <b>JACKSON</b>			10. FIELD OR WILDCAT CANADIAN RIVER
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNW 11 9N 78W

**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/Commingle Completions and  
 Recompletions

**13C. NOTIFICATION OF:**

- ☒ SHUT-IN/TEMPORARILY ABANDONED  
 DATE: **10-87**  
 (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

**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: