

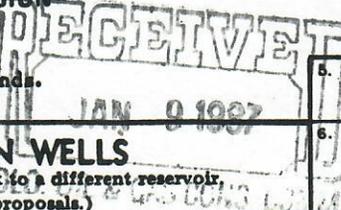
STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

API #05 073 6082



duplicate for Patented and Federal lands.
triplicate for State lands.



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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Champlin Petroleum Company Attn: M. Harrison		8. FARM OR LEASE NAME State 1-36	
3. ADDRESS OF OPERATOR P. O. Box 3158; Englewood, CO 80155		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1320' FWL, 1320' FNL (C NW NW) At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Unnamed (Niobrara)	
14. PERMIT NO. 79-744		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5310' GR, 5315' KB	
		12. COUNTY Lincoln	13. STATE CO

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL.
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON
CHANGE PLANS.

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Status

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Shut-in. Waiting on gas sales.

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input type="checkbox"/>

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

SIGNED Tim I. Hopkins TITLE District Engineer DATE 12/31/86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JAN 16 1987

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS