

JUL 23 1984

COLO. OIL & GAS CONS. COMM.

OGCC FORM
REV. 7-64



CONSERVATION COMMISSION
OF NATURAL RESOURCES
STATE OF COLORADO



File in duplicate for Patented and Federal lands.
File in 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 <input type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Murfin Drilling Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 250 N. Water, Suite 300, Wichita, KS 67202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL 660' FEL NE/4 At proposed prod. zone		8. FARM OR LEASE NAME Reinhardt-Michel
14. PERMIT NO. 84-800		9. WELL NO. 1-5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3998' GL 4008' KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5-19S-46W
		12. COUNTY Kiowa
		13. STATE Colorado

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

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)

Date of work 7-1-84

1st plug @ 262' w/25 sx
2nd plug @ 40' w/10 sx
10 sx in rat hole
5 sx in mouse hole

18. I hereby certify that the foregoing is true and correct
SIGNED Scott Robinson TITLE Geologist DATE 7-18-84

(This space for Federal or State office use)
APPROVED BY William R. Smith TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: FAP O & G Cons. Comm. DATE AUG 30 1984