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REV. 7-64

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

COLO. OIL & GAS CONS. COMM.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Murfin Drilling Company 316-267-3241		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 NW NE At proposed prod. zone		8. FARM OR LEASE NAME FLB Landacker
14. PERMIT NO. 831,592	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4753' GR 4764' KB	9. WELL NO. 1-20
		10. FIELD AND POOL, OR WILDCAT West Fork Extension
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-3S-55W
		12. COUNTY Washington
		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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CORRECTION	
(Other) <input type="checkbox"/>		(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 _____

RTD originally reported as 5070. Correct RTD is 5077'.

WRS	
FJP	
IHM	✓
JAM	✓
RCC	
LAR	✓
CGM	
ED	

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

SIGNED *Terry Talucci*

TITLE Geological Secretary

DATE 2/9/84

(This space for Federal or State office use)

APPROVED BY *William R. Smith*
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G Cons. Comm.

DATE MAR 9 1984