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

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**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 checked="" type="checkbox"/> OIL WELL <input 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. 11108
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		6. PERMIT NO. 91-1212
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY STATE ZIP CODE WICHITA KS 67201		7. API NO. 05(017-7280)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL At proposed prod. zone		8. WELL-NAME Morgan
		9. WELL NUMBER 1
		10. FIELD OR WILDCAT Rush Creek Draw
12. COUNTY Cheyenne		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE NW Sec. 22-16S-51W ✓

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

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

- Set 5 sack cement on top of CIBP @ 5700', set above perfs @ 5740-48'.
- Attempt to recover 5 1/2" casing above CIBP (TOC at 5698')
- Set 40 sack cement plug from 2650' up and 40 sack from 2000' up if sufficient casing can be pulled. *2500' \* 1750'*
- Set a ~~20~~<sup>40</sup> sack plug across surface casing shoe at 373' 1/2 in and 1/2 out, and a 10 sack plug in the top of the surface casing.
- Cut casing 4' below ground level and weld a dated steel plate. Restore location.

*\* IF PROD CSG IS CUT BETWEEN 1900' + 2500' SET 40 SKI CNT AT STUB / IF UNABLE TO PULL AT LEAST 1900' PERF + SQUEEZE 100 SK AT 2500' LEAVING 50' IN CSG*

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

SIGNED John M. Parker TELEPHONE NO. 316-264-6366

NAME (PRINT) John M. Parker TITLE Petroleum Engineer DATE April 29, 1993

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 6-16-93

CONDITIONS OF APPROVAL, IF ANY:

*RESERVE PIT MUST BE BACKFILLED*

