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

MAR 26 1993

SUBMIT ORIGINAL AND 1 COPY

COLO. OIL &amp; GAS CONS. COMM.

FOR OFFICE USE ONLY			
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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.)

<b>1.</b> <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER Plugged&Abandoned		<b>5. FEDERAL/INDIAN OR STATE LEASE NO.</b>
<b>2. NAME OF OPERATOR</b> Mull Drilling Company, Inc.		<b>6. PERMIT NO.</b> 93-131
<b>3. ADDRESS OF OPERATOR</b> P.O. Box 2758 CITY STATE ZIP CODE Wichita Kansas 67201		<b>7. API NO.</b> 05-017-07362
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1270' FNL & 2205' FEL, NE/4 At proposed prod. zone Same		<b>8. WELL NAME</b> ANSLEY
		<b>9. WELL NUMBER</b> #1
		<b>10. FIELD OR WILDCAT</b> 74865
<b>12. COUNTY</b> Cheyenne		<b>11. QTR. QTR. SEC., T.R. AND MERIDIAN</b> NW NE, 8-16S-51W

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 \_\_\_\_\_)  
(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** March 14, 1993 - 6:30 AM

Plugged as follows:

40 sx	4672-4539	
40 sx	2410-2277	
40 sx	1760-1627	
40 sx	462- 329	
10 sx	33- top	Orders by Dave Shelton, CCC
5 sx	Mousehole	Job by Halliburton
5 sx	Rathole	

**16. I hereby certify that the foregoing is true and correct**SIGNED Mark A. Shreve TELEPHONE NO. (316) 264-6366NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE March 25, 1993

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 5-18-93  
CONDITIONS OF APPROVAL, IF ANY: