



OGCC FORM 4
Rev. 8/89

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



RECEIVED
OCT 31 1994

COLO. OIL & GAS CONSERVATION COMMISSION

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
ET	FE	UC	SE

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"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER P&A		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		6. PERMIT NO. 94-178
3. ADDRESS OF OPERATOR P.O. BOX 2758		7. API NO. 05-017-07417
CITY STATE ZIP CODE WICHITA KANSAS 67201		8. WELL NAME Rogers
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1500' FNL & 1650' FEL		9. WELL NUMBER 1
At proposed prod. zone		10. FIELD OR WILDCAT Wildcat
12. COUNTY Cheyenne		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE 8-16S-50W (6PM)

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/Commingled 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 Drilling Pits

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 _____

On 10-25-94 the above location drilling pits were backfilled. The location was leveled and ripped. The access road was backdragged and the location was restored.

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

SIGNED Scott Hampel TELEPHONE NO. (316)264-6366

NAME (PRINT) Scott Hampel TITLE VP Eng & Prod DATE 10-27-94

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE 4/19/95

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO OGCC SITE INSPECTION