

STATE OF COLORADO
REGULATION COMMISSION
NATURAL RESOURCES
ORIGINAL AND 1 COPY



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.)

<input type="checkbox"/> OIL WELL <input checked="" 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.
1. NAME OF OPERATOR Murfin Drilling Company			6. PERMIT NO. 86 409
3. ADDRESS OF OPERATOR 250 N. Water, Suite 300			7. API NO. 05 061 6480
CITY Wichita	STATE KS	ZIP CODE 67202	8. WELL NAME Colorado State
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW SE			9. WELL NUMBER 1-20
At proposed prod. zone			10. FIELD OR WILDCAT Nee No She
12. COUNTY Kiowa			11. QTR. QTR. SEC., T.R. AND MERIDIAN 20-19S-47W

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

15A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input checked="" type="checkbox"/> OTHER <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 11/17 - 11/18/90

Perforated Morrow 4748-54' w/8 spf. Producing zones: 4724-40' & 4748-54' Morrow.

RECEIVED

NOV 28 1990

OIL & GAS CONS. COMM.

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

SIGNED By: Larry M. Jack TELEPHONE NO. 316-267-3241

NAME (PRINT) Larry M. Jack TITLE Production Mgr. DATE 11/26/90

(This space for Federal or State office use)

APPROVED [Signature] TITLE DEPUTY DIRECTOR DATE DEC 04 1990

CONDITIONS OF APPROVAL, IF ANY: