

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
 SUBMIT ORIGINAL AND 1 COPY



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FOR OFFICE USE

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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of 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 checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR KN PRODUCTION COMPANY			6. PERMIT NO. 90 808
3. ADDRESS OF OPERATOR P.O. BOX 281304			7. API NO. 05 071 6164
CITY LAKEWOOD	STATE CO	ZIP CODE 80228-8304	8. WELL NAME APACHE CANYON
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 800' FNL & 1785' FEL			9. WELL NUMBER 30-2
At proposed production zone 800' FNL & 1785' FEL			10. FIELD OR WILDCAT APACHE CANYON
12. COUNTY LAS ANIMAS			11. QTR. QTR. SEC., T.R. AND MERIDIAN NWNE 30-33S-67W, 6th PM

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

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)	<input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: 10-12-91 (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL		<input type="checkbox"/> OTHER:
<input type="checkbox"/> 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 **October 12, 1991**

STATUS REPORT 08-10-92

SWI pending evaluation of pipeline construction project.

RECEIVED

AUG 12 1992

COLO. OIL & GAS CONS. COMM.

**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**

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

SIGNED

[Signature]

PHONE NO. **303/980-9340**

NAME (PRINT) **DANA K. GREATHOUSE**

TITLE **ENGR TECHNICIAN**

DATE **08/10/92**

(This space for Federal or State office use)

APPROVED

[Signature]

TITLE

APPROVED

DATE

9/7/92

CONDITIONS OF APPROVAL, IF ANY:

[Handwritten mark]

[Handwritten checkmark]