



00591591

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

SUBMIT 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 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 <u>K N Production Company</u>			6. PERMIT NO. <u>90 1158</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 281304</u>			7. API NO. <u>05 071 6173</u>
CITY <u>Lakewood</u>	STATE <u>Colorado</u>	ZIP CODE <u>80228</u>	8. WELL NAME <u>Picketwire</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>635' FNL and 1760' FWL</u>			9. WELL NUMBER <u>29-3</u>
At proposed prod. zone <u>As Above</u>			10. FIELD OR WILDCAT <u>Apache Canyon</u>
12. COUNTY <u>Las Animas</u>			11. QTR. QTR. SEC. T.R. AND MERIDIAN <u>NE NW 29-33S-67W-6th P.</u>

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

13A. 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 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 checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE <u>10/12/91</u>) (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 October 12, 1991

SWI pending economic evaluation of pipelien project.

RECEIVED

NOV 5 1991

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

COLO. OIL & GAS CONS. COM.

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

SIGNED

[Signature]

TELEPHONE NO. (303) 980-9340

NAME (PRINT) Dana K. Greathouse

TITLE Engineering Technician

DATE 10/31/91

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-27-92