



00591589

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

GASCO#: N/A

FOR OFFICE USE			
ET	FE	UC	SE

**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 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.
2. NAME OF OPERATOR <b>K N Production Company</b>		6. PERMIT NO. <b>901158</b>
3. ADDRESS OF OPERATOR <b>P.O. BOX 281304</b>		7. API NO. <b>05 071 6173</b>
CITY STATE ZIP CODE <b>LAKWOOD CO 80228</b>		8. WELL NAME <b>Picketwire</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>635FNL &amp; 1760FWL</b> At proposed production zone <b>As above</b>		9. WELL NUMBER <b>29-3</b>
12. COUNTY <b>Las Animas</b>		10. FIELD OR WILDCAT <b>APACHE CANYON</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>NENW SEC 29 33S-67W</b>

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

<b>13A. NOTICE OF INTENTION TO:</b> <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:	<b>13B. SUBSEQUENT REPORT OF:</b> <input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOBL OG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	<b>13C. NOTIFICATION OF:</b> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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  
**October 12, 1991**

**Status Report 2/4/94**

**SWI pending evaluation of pipeline construction project**

RECEIVED  
FEB - 7 1994  
COL. OIL & GAS CON. COMM.

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

SIGNED *Douglas B. Hammond* PHONE NO. **303/980-9340**

NAME (PRINT) **Douglas B. Hammond** TITLE **Supervisor of Operations** DATE **02/04/94**

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: **APPROVED**