

PetroForm



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

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

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: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <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:
--	---	---

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**

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

SIGNED

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

RECEIVED
 FEB - 7 1994
 COLO. OIL & GAS CONSV. COMM.