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JUN 20 1980

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

COLO. OIL & GAS CONS. COMM.

Apply for Patented and Federal lands.
File in duplicate for State lands.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 221 N Main - Suite 300 - Wichita, Kansas 67202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Center of Northwest Quarter, Northwest Quarter (C NW/NW) At proposed prod. zone Same		8. FARM OR LEASE NAME CHAMPLIN-WILKERSON	
14. PERMIT NO. 80 475		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) GL 4485 KB 4494		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-14S-49W	
		12. COUNTY Cheyenne	13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work June 8, 1980

6/8/80 Plugged with: 30 sacks @ 323'
10 sacks @ 40'
5 sacks/rathole
5 sacks/mousehole

DVR	
FEP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED Robert O. Wall TITLE PRESIDENT DATE 6/18 /80

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 20 1980
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

X