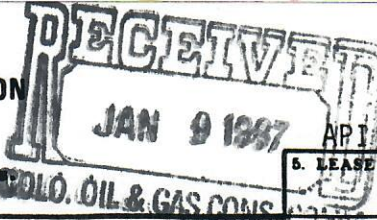


STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
NATURAL RESOURCES



02358079

Patented and Federal lands
State lands.



API #05 017 6483

5. LEASE DESIGNATION & SERIAL NO.

6. INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Champlin Petroleum Company		8. FARM OR LEASE NAME McCormick 31-3	
3. ADDRESS OF OPERATOR P. O. Box 3158; Englewood, CO 80155		9. WELL NO. #21	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 674' FNL & 1984' FEL (NWNE)		10. FIELD AND POOL, OR WILDCAT Sorrento/Morrow	
At proposed prod. zone		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3, T14S, R49W	
14. PERMIT NO. 84-1459	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4461' GR 4469' KB	12. COUNTY Cheyenne	13. STATE CO

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Status

(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.)

18. Date of work

* Must be accompanied by a cement verification report.

Temporarily Abandoned - Final disposition undecided - sale candidate.

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input checked="" type="checkbox"/>
UC <input type="checkbox"/>
SE <input type="checkbox"/>

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

SIGNED

Tim I. Hopkins

TITLE

District Engineer

DATE

12/31/86

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

SUPR. PETROLEUM ENGINEER

DATE

JAN 16 1987

CONDITIONS OF APPROVAL, IF ANY:

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