



CONFIDENTIAL

OGCC FORM 4
Rev 8/89

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER <u>Plugged&Abandoned</u>		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <u>Mull Drilling Company, Inc.</u>		6. PERMIT NO. <u>93-161</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2758</u>		7. API NO. <u>05-061-06658</u>
CITY STATE ZIP CODE		8. WELL NAME <u>KRISS "A"</u>
<u>Wichita</u> <u>Kansas</u> <u>67201</u>		9. WELL NUMBER <u>#1</u>
4. LOCATION OF WELL (Report location clearly) and in accordance with any State requirements See also space 17 below.) At surface <u>600' FSL & 1920' FWL, SW/4</u>		10. FIELD OR WILDCAT <u>Jalapeno Field</u>
At proposed prod. zone <u>Same</u>	12. COUNTY <u>KIOWA</u>	11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SE SW, 18-17S-42W</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 checked="" 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 report of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (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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4. 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)

5. DATE OF WORK March 27, 1993 - 12:30 PM

Plugged as follows:

- 40 sx 2007-1874
- 40 sx 1540-1407
- 40 sx 649- 516
- 10 sx 33- top
- 5 sx Mousehole
- 5 sx Rathole

Job by Halliburton, per Permit #93-161

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

SIGNED TELEPHONE NO. (316) 264-6366

NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE April 15, 1993

(This space for Federal or State office use)

APPROVED TITLE _____ DATE 6-16-93

CONDITIONS OF APPROVAL, IF ANY: