

File in duplicate for Patented and Federal lands.  
File in triplicate 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO	
2. NAME OF OPERATOR <u>Churchill Energy, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>777 South Wadsworth</u>		7. UNIT AGREEMENT NAME <u>New Windsor Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SWSE Section 27</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Denny</u> <u>57440</u>	
14. PERMIT NO.		9. WELL NO. <u>#3</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>New Windsor Sussex</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>27-7N-67W</u>	
		12. COUNTY <u>Weld</u>	13. STATE <u>CO</u>



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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>Status Report</u>	<u>XX</u>	(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.

Well is shut-in, due to downhole tubular failure.



FOR OFFICE USE ONLY
<i>[Signature]</i>
FUC
SE

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

SIGNED [Signature] TITLE Production Consultant DATE 10-5-87

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE DEC 18 1987  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm

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