

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESFile 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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Churchill Energy, Inc. 777 South Wadsworth			
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME	
Irongate 2, Suite 205 Lakewood, CO 80226		New Windsor Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)		8. FARM OR LEASE NAME	
At surface SWSE Section 27		Denny 57440	
At proposed prod. zone		9. WELL NO.	
Same		#3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		New Windsor Sussex	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		27-7N-67W	
		12. COUNTY	
		Weld	
		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"/>	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) Status Report	XX	(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.



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

SIGNED

TITLE Production Consultant

DATE 10-5-87

(This space for Federal or State office use)

APPROVED BY

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