

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Churchill Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 777 S. Wadsworth Blvd. Irongate 2, Suite 105 Lakewood, CO 80226		7. UNIT AGREEMENT NAME New Windsor Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWSE Section 27 At proposed prod. zone Same		8. FARM OR LEASE NAME Denny	
14. PERMIT NO.		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Status Report	X

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

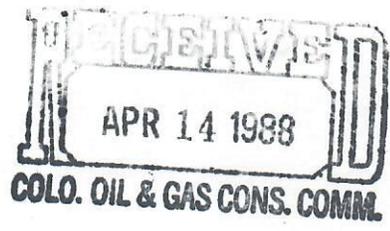
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

18. Date of work Jan 16, 1988

\* Must be accompanied by a cement verification report.

Capped well was repaired and put on production January 16, 1988.



FOR OFFICE USE ONLY

19. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Production Consultant DATE 4-5-88

(This space for Federal or State office use)  
APPROVED BY William R. Smith TITLE DIRECTOR DATE JUL 14 1988  
CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS FOR ALL WELLS & TEMPORARILY PLUGGED WELLS O & G Cons. Comm.