

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 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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☒

(Other) Status Report

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☒

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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.

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

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

SIGNED

TITLE

Production Consultant

DATE

4-5-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

JUL 14 1988

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY PLUGGED WELLS  
O & G Cons. Comm.

FOR OFFICE USE ONLY

