

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

00216682

DESIGNATION & SERIAL NO.

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"/> Temporarily Abandoned		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Churchill Energy, Inc. 777 S. Wadsworth Blvd.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Irongate 2, Suite 105 Lakewood, CO 80226		8. FARM OR LEASE NAME Gress	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NESW Section 35 At proposed prod. zone Same		9. WELL NO. #1	
10. FIELD AND POOL, OR WILDCAT New Windsor		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-7N 67W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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	<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 type="checkbox"/>	CHANGE PLANS.	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input checked="" type="checkbox"/>

Status Report

SUBSEQUENT REPORT OF:

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)	<input type="checkbox"/>		<input type="checkbox"/>

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

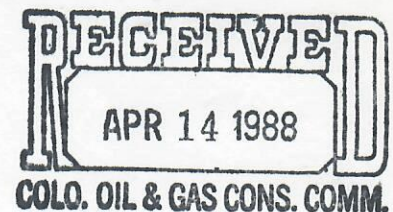
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Operator is evaluating water flood operation in New Windsor unit, and may elect to use captioned well as a water source well.

Operator will secure well head and install a valve and guage to monitor pressure.



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

SIGNED [Signature] TITLE Production Report DATE 4-5-88

(This space for Federal or State office use)

APPROVED BY William D. Smith TITLE DIRECTOR DATE JUL 14 1988
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.