

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00216672

duplicate for Patented and Federal lands.
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"/> <u>Temporarily abandoned</u>		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>Trongate 2, Suite 205</u>		8. FARM OR LEASE NAME <u>Gress</u>	
<u>Lakewood, CO 80226</u>		9. WELL NO. <u>#1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT <u>New Windsor</u>	
At proposed prod. zone <u>NESW Section 35</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>35-7N 67W</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>Same</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:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON ☐REPAIR WELL ☐CHANGE PLANS ☐

(Other)

Status Report ☒

SUBSEQUENT REPORT OF:

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

(Other)

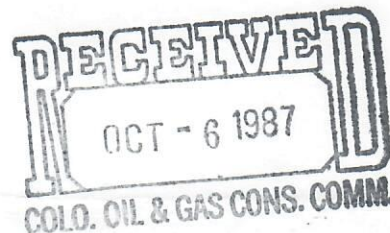
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

* Must be accompanied by a cement verification report.

Well is temporarily abandoned with 4½" (?) casing in well. Well will be plugged and abandoned.



FOR OFFICE USE ONLY
ET
FE
UC
SE

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