



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

00216672

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 [X] GAS WELL [ ] OTHER [ ] Temporarily abandoned
2. NAME OF OPERATOR Churchill Energy, Inc. 777 South Wadsworth
3. ADDRESS OF OPERATOR Trongate 2, Suite 205 Lakewood, CO 80226
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone NESW Section 35
5. LEASE DESIGNATION & SERIAL NO
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Gress
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
12. COUNTY Weld 13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

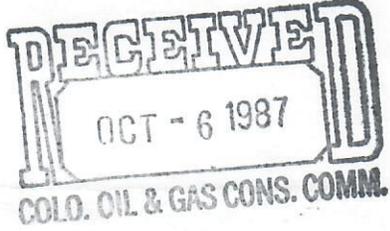
SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF [ ] PULL OR ALTER CASING [ ]
FRACTURE TREAT [ ] MULTIPLE COMPLETE [ ]
SHOOT OR ACIDIZE [ ] ABANDON [ ]
REPAIR WELL [ ] CHANGE PLANS [ ]
(Other) Status Report [X]

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 4 1/2" (?) 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 [Signature] TITLE Production Consultant DATE 10-5-87

(This space for Federal or State office use)

APPROVED BY [Signature] 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.