

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



00226790

EASE 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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>2. NAME OF OPERATOR</b> Churchill Energy, Inc.		<b>7. UNIT AGREEMENT NAME</b> New Windsor	
<b>3. ADDRESS OF OPERATOR</b> 777 South Wadsworth		<b>8. FARM OR LEASE NAME</b> Brunner 57440	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: Irongate 2, Suite 205 Lakewood, CO 80226 At proposed prod. zone: NWSW Sec. 26		<b>9. WELL NO.</b> #1	
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) Same		<b>10. FIELD AND POOL, OR WILDCAT</b> New Windsor Sussex	
<b>14. PERMIT NO.</b>		<b>12. COUNTY</b> Weld	<b>13. STATE</b> CO
<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> 26 7N-67W			

**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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) _____	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) <input checked="" type="checkbox"/> Status Report	<input checked="" type="checkbox"/>		

**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 shut-in. Operator proposes to test well with current production string and pump for productivity.



FOR OFFICE USE ONLY
<i>B</i>
<i>W</i>
FILE
SEARCHED

**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 *William R. Smith* 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.**