



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

WELL 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Churchill Energy, Inc. 777 S. Wadsworth Blvd.		7. UNIT AGREEMENT NAME New Windsor Unit	
3. ADDRESS OF OPERATOR Irongate 2, Suite 105 Lakewood, CO 80226		8. FARM OR LEASE NAME Brunner	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWSW Section 26 At proposed prod. zone Same		9. WELL NO. #1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		12. COUNTY Weld	13. STATE CO
		10. FIELD AND POOL, OR WILDCAT New Windsor Sussex	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 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 checked="" type="checkbox"/>	(Other) _____	

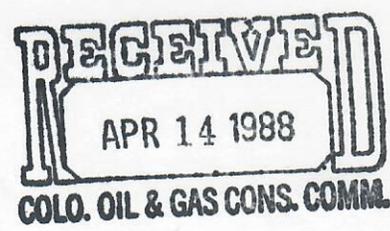
(Other) Statue Report

(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 being evaluated for production test or conversion to water injection.



FOR OFFICE USE ONLY

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

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

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 14 1988
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.