

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



CASE 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 <u>Churchill Energy, Inc.</u>		7. UNIT AGREEMENT NAME <u>New Windsor Unit</u>	
3. ADDRESS OF OPERATOR <u>777 South Wadsworth</u>		8. FARM OR LEASE NAME <u>Canal 57440</u>	
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 <u>SENE Sec. 34</u>		9. WELL NO. <u>#1</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
10. FIELD AND POOL, OR WILDCAT <u>New Windsor</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>34-7N-67W</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:		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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
Status Report <input checked="" 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.

Well is shut in due to downhole tubing failure.



FOR OFFICE USE ONLY
RET
FE
FUC
FSE

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

SIGNED [Signature] TITLE Production Consultant DATE _____

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE DEC 18 1987

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