

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



USE 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 Canal 57440	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SENE Section 34 At proposed prod. zone		9. WELL NO. #1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		12. COUNTY Weld	13. STATE CO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL. <input checked="" type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>
(Other) Status Report	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

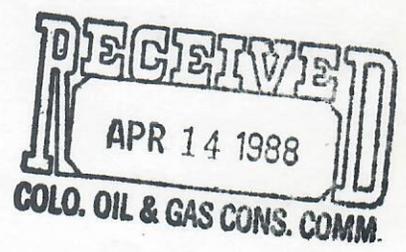
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 4-5-88

* Must be accompanied by a cement verification report.

Captioned well was repaired 4-5-88 and put back on production.



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 William R. Smith TITLE DIRECTOR DATE APR 18 1988
CONDITIONS OF APPROVAL, IF ANY: U & G Cons. Comm.

FOR OFFICE USE ONLY
LET
FILE
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SEARCHED