

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

00217039

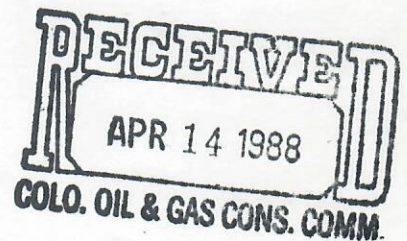
USE DESIGNATION &amp; SERIAL NO.

## 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	
10. FIELD AND POOL, OR WILDCAT New Windsor		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-7N-67W	
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:		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 checked="" type="checkbox"/>	CHANGE PLANS. <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Status Report			
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

TITLE

Production Consultant

DATE 4-5-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

APR 18 1988

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.