

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

SCANNED

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER D&A		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Murfin Drilling Co., Inc.		6. PERMIT NO. 93 914
3. ADDRESS OF OPERATOR 250 N. Water, Suite 300		7. API NO. 099 06336
CITY STATE ZIP CODE Wichita KS 67202		8. WELL NAME Downing
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2520' fEL & 1980' fSL 30-21S-46W		9. WELL NUMBER 1-30
At proposed prod. zone		10. FIELD OR WILDCAT Channing
12. COUNTY Prowers		11. QTR. QTR. SEC., T.R. AND MERIDIAN 45' W of W/2 W/2 NW SE 30-21S-46W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK 7/22/93

40 sx @ 1000'
40 sx @ 600'
40 sx @ 400'
10 sx @ 60'
15 sx @ RH
5 sx @ MH

Job complete 2:00 p.m. 7/22/93.

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

SIGNED By: Larry M. Jack TELEPHONE NO. 316-267-3241
NAME (PRINT) Larry M. Jack TITLE Production Manager DATE 8/10/93

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 12-16-93
CONDITIONS OF APPROVAL, IF ANY:

RESTORE By 1-22-94