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Rev 8/89

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

SUBMIT ORIGINAL AND 1 COPY



| FOR OFFICE USE ONLY |    |    |    |
|---------------------|----|----|----|
| ET                  | FE | UC | SE |

**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.)

|  |  |  |
|--|--|--|
| <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 |  | 5 FEDERAL INDIAN OR STATE LEASE NO                               |
| 2 NAME OF OPERATOR<br>Midwestern Exploration Co. Inc.  |  | 6 PERMIT NO  |
| 3 ADDRESS OF OPERATOR<br>P.O. Box 1884   |  | 7 API NO<br>0500906028   |
| CITY STATE ZIP CODE<br>Liberal KS 67905-1884   |  | 8 WELL NAME<br>Mayberry  |
| 4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>C SW NW Sec 10-T34S-R41W                                 |  | 9 WELL NUMBER<br>#2 SWD  |
| At proposed prod zone  |  | 10 FIELD OR WILDCAT  |
| 12 COUNTY<br>Baca  |  | 11 QTR. QTR. SEC., T.R. AND MERIDIAN<br>C SW NW Sec 10-T34S-R41W |

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

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

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 \_\_\_\_\_
- 11/4 Failed MIT.
  - 11/5 Pressure test casing - reset packer several times - Would not hole pressure - Lay down tubing and packer - SI well.
  - 11/23 Ran 5 1/2" casing to 844' - Cemented to surface - Ran 2 7/8" tubing and packer - Set packer @ 815' - Loaded Annulus with packer fluid - Pressure to 360# for 17 minutes - Held ok.
  - 11/27 Resume disposal.

**RECEIVED**

FEB 22 1993

*requested Mit form + new form 5 2/2/93 Ed*

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

SIGNED Harold K Frank TELEPHONE NO. \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



(This space for Federal or State office use)

APPROVED: [Signature] TITLE SR. PETROLEUM ENGINEER DATE FEB 20 1993

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Center