

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

SUBMIT ORIGINAL AND 1 COPY



SCANNED

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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.
1. NAME OF OPERATOR Mull Drilling Company, Inc.			6. PERMIT NO. 94-849
2. ADDRESS OF OPERATOR P.O. Box 2758			7. API NO. 05-017-07410
CITY STATE ZIP CODE Wichita KS 67201			8. WELL NAME Klepper "A"
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. (See the option 17 below.) 1895' FNL & 2086' FWL (150' NE of SE NW)			9. WELL NUMBER #3
4. DEPTH OF WELL (ft.) Same			10. FIELD OR WILDCAT Cheyenne Wells (#11050)
12. COUNTY Cheyenne			11. QTR. QTR. SEC. T.R. AND MERIDIAN SE NW, 32-13S-44W(6th PM)

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 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

Mull Drilling Company, Inc. is requesting that the requirement to isolate the Dakota and Cheyenne formations with cement behind casing be waived on the Klepper 'A' #3. We have attempted to obtain fluid samples of each of these formations in this area, but have found both the formations in this area to be unproductive of fluid. On 10/27/92, we perforated and swab tested the Champlin-Aldrich #2 (NE NE 33-13S-44W) at 1865'-69' in the cleanest part of the Dakota. No fluid was recovered on swab tests, indicating the Dakota reservoir was too poor of quality to produce fluid. On 10/29/92, we perforated and swab tested the UPRR-Roth #3 (SW NE 5-14S-44W) at 2128'-32' in the cleanest part of the Cheyenne. No fluid was recovered on swab tests, indicating the Cheyenne reservoir was also too poor of quality to produce fluid.

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

SIGNED

[Signature]

TELEPHONE NO. (316) 264-6366

NAME (PRINT)

Mark A. Shreve

TITLE Petroleum Engineer

DATE

7/15/94

(This space for Federal or State office use)

APPROVED

[Signature]

TITLE

[Signature]

DATE

7/18/94

CONDITIONS OF APPROVAL, IF ANY: