

OGCC FORM 4  
Rev. 5/89

00550769

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER Abandoned Loc			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Mull Drilling Company, Inc.			6. PERMIT NO. 94-849
3. 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"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1895' FNL & 2086' FWL, NW/4			9. WELL NUMBER #3
At proposed prod. zone Same			10. FIELD OR WILDCAT Chey Wells Field (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:

- ☐ PLUG AND ABANDON  
☐ MULTIPLE COMPLETION  
☐ COMMINGLED ZONES  
☐ FRACTURE TREAT  
☐ REPAIR WELL  
☐ OTHER

## 13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT  
 (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)  
☒ ABANDONED LOCATION (WELL NEVER DRILLED -  
 SITE MUST BE RESTORED WITHIN 6 MONTHS)  
☐ REPAIRED WELL  
☐ OTHER

\*Use Form 5 - Well Completion or Recompletion Report and Log  
for subsequent reports of Multiple/Commingled Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN/TEMPORARILY ABANDONED  
 (DATE \_\_\_\_\_)  
 (REQUIRED EVERY 6 MONTHS)  
☐ PRODUCTION RESUMED  
 (DATE \_\_\_\_\_)  
☐ LOCATION CHANGE (SUBMIT NEW PLAT)  
☐ WELL NAME CHANGE  
☐ OTHER

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 \_\_\_\_\_

Permit expired - never drilled - no ground disturbed - do not plan to drill  
Abandoned location

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

SIGNED

*Patricia L. Ungleich*

TELEPHONE NO. (316) 264-6366

NAME (PRINT)

Patricia L. Ungleich

TITLE

Geological Assistant

DATE

5/16/95

(This space for Federal or State office use)

APPROVED

*[Signature]*

TITLE

*[Signature]*

DATE

5-18-95

CONDITIONS OF APPROVAL, IF ANY: