

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

SUBMIT ORIGINAL AND 1 COPY

**CONFIDENTIAL
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AUG 3 - 1994



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.)

COLO. OIL & GAS CONSERVATION COMMISSION FEDERAL INDIAN OR STATE LEASE NO.

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 P & A			6. PERMIT NO. 10792
2. NAME OF OPERATOR Mull Drilling Company, Inc.			7. API NO. 94-850
3. ADDRESS OF OPERATOR P.O. Box 2758			8. WELL NAME Klepper
CITY Wichita	STATE KS	ZIP CODE 67201	9. WELL NUMBER #5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1989' FNL & 660' FEL, NE/4 (SE NE)			10. FIELD OR WILDCAT Cheyenne Wells (#11050)
At proposed prod. zone Same			11. QTR. QTR. SEC., T.R. AND MERIDIAN SE NE, 32-13S-44W(6thPM)
12. COUNTY Cheyenne			

SCANNED

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER _____</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
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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 July 18, 1994

Plugged as follows:

- 40 sx 5353-5220
- 40 sx 4136-4003
- 40 sx 2615-2482
- 40 sx 2154-2021
- 40 sx 1878-1745
- 40 sx 457- 324
- 10 sx 33- top
- 5 sx Mousehole - Per Permit #94-850
- 5 sx Rathole Job by Halliburton

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 July 29, 1994

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 3/16/95

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO OGCC SITE INSPECTION