

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



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

AUG 27 1987

5. LEASE DESIGNATION & SERIAL NO.

6. LANDMAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐ T/A

2. NAME OF OPERATOR
MULL DRILLING COMPANY, INC. Oper. # 61250

3. ADDRESS OF OPERATOR
P.O. Box 2758, Wichita, KS 67201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface C NE SE
At proposed prod. zone

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Champlin-Aldrich A

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Cheyenne Wells

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33-13S-44W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY

Cheyenne

13. STATE

Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS:

☐
☐
☐
☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

STATUS UPDATE

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work

* Must be accompanied by a cement verification report.

8-24-87

Well is temporarily abandoned pending approval of workover recommendation.

FOR OFFICE USE ONLY
CF
FE
FUC
SE

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

SIGNED

Michael R. Havel

TITLE President

DATE 8-24-87

(This space for Federal or State office use)

DIRECTOR

APPROVED BY

William R. Smith

TITLE O & G Cons. Comm.

DATE SEP 3 1987

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.