

SCANNED

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MAR 12 1990

OGCC FORM 4
Rev. 8/89

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

COLO. OIL & GAS CONS. COMM.

SUBMIT ORIGINAL AND 1 COPY

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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

10697

6. PERMIT NO.

74-139

7. API NO.

05 017 6145

8. WELL NAME

CHAMPLIN-ALDRICH 'A'

9. WELL NUMBER

#1

10. FIELD OR WILDCAT

Cheyenne Wells

11. QTR. QTR. SEC., T.R. AND MERIDIAN

33-13S-44W

1. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER TA

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

3. ADDRESS OF OPERATOR
P.O. BOX 2758

CITY STATE ZIP CODE
WICHITA KANSAS 67201

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

At proposed prod. zone C NE SE/4

12. COUNTY
Cheyenne

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

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE 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 report of Multiple/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/TEMPORARILY ABANDONED (DATE 3-2-90) (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 _____

STATUS UPDATE 3-2-90

Temporarily Abandoned = 1/80

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

SIGNED Scott Hampel TELEPHONE NO. (316)264-6366

NAME (PRINT) Scott Hampel TITLE VP Eng & Prod DATE _____

(This space for Federal or State office use)

APPROVED [Signature] DEPUTY DIRECTOR DATE APR 4 1990

CONDITIONS OF APPROVAL, IF ANY:

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