



STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
ET	FE	UC	SB

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER P&A		6. PERMIT NO. 74-139 ✓
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		7. API NO. 05-017-6145 ✓
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY STATE ZIP CODE WICHITA KS 67201		8. WELL NAME Champlin-Aldrich "A"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FEL & 1320' FSL At proposed prod. zone 1980		9. WELL NUMBER 1
12. COUNTY Cheyenne		10. FIELD OR WILDCAT Cheyenne Wells
11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SE Sec. 33-13S-44W		

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 checked="" 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/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/T.MPORARILY 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 7-5-94 through 7-6-94  
MIRU JW Gibson. Recovered 4767' of 3 1/2" casing. Set 40 sack cement plug in 3 1/2" stub at 4767'. Cut 5 1/2" casing at 2000'. Recovered 2015' of 5 1/2" casing. Set 40 sack plug @ 2100' <sup>2050</sup> 40 sack plug @ 270' <sup>290</sup>. Cut surface pipe off 4' below ground level. Welded dated plate on it. Rigged down. Well plugged and abandoned on 7-6-94. Surface has been restored.

10697

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 \_\_\_\_\_ DATE 8-29-94  
CONDITIONS OF APPROVAL, IF ANY: APPROVED ORDERS REQUIRES BASE OF SURFACE CSG PLUG 1/2 IN 1/2 OUT OF 8 5/8 - USE PROPER PLACEMENT IN FUTURE