

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

SUBMIT ORIGINAL AND 1 COPY

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OIL & GAS CONS. COMM.



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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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL, INDIAN OR STATE LEASE NO. 10697
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250			6. PERMIT NO. 74-59
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY: WICHITA STATE: KANSAS ZIP CODE: 67201			7. API NO. 05 017 6141
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/4			8. WELL NAME CHAMPLIN-ALDRICH
			9. WELL NUMBER #2
			10. FIELD OR WILDCAT Cheyenne Wells
12. COUNTY CHEYENNE			11. QTR. QTR. SEC., T.R. AND MERIDIAN 33-13S-44W

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/Commingle 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 = 12/85

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

Steve Kueper

TITLE

DEPUTY DIRECTOR

DATE

APR 4 1990

CONDITIONS OF APPROVAL, IF ANY:

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