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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.)

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 TA		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 STATE ZIP CODE WICHITA KANSAS 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
12. COUNTY CHEYENNE		9. WELL NUMBER #2
		10. FIELD OR WILDCAT Cheyenne Wells ✓
		11. QTR. QTR. SEC., T.R. AND MERIDIAN 33-13S-44W

SCANNED

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

<p>13A. NOTICE OF INTENTION TO:</p> <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 _____	<p>13B. SUBSEQUENT REPORT OF:</p> <input 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>	<p>13C. NOTIFICATION OF:</p> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE 3-2-90) (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 _____

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 [Signature] TITLE DEPUTY DIRECTOR DATE APR 4 1990

CONDITIONS OF APPROVAL, IF ANY:

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