



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

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			5. FEDERAL/INDIAN OR STATE LEASE NO. 10783
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 KS 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 C NE/4 NE/4 At proposed prod. zone			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 NE NE Sec. 33-13S-44W

SCANNED

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/Commingle 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 8-26-93 through 9-1-93

Set a CIBP at 4600' and spotted 5 sx of cement. Loaded the hole. Freepoint and cut casing at 3050'. Set 40 sx cement at 2600', set 40 sx of cement at 2000', set 40 sx cement 1/2 in and 1/2 out at base of surface at 329', set 10 sx of cement at surface. Cut the wellhead off 4' below surface, welded on plate. Backfilled the hole. Location will be fully restored within 6 months.

NOT DONE
AS OF 9-23-93

RECEIVED
OCT 25 1993
CULU. OIL & GAS CONS. COMM.
EXHAUSTED OIL WELL

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 10-22-93

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 12-7-93

CONDITIONS OF APPROVAL, IF ANY: CUT + WELD IF NOT DONE TO DATE