



WIS CONSERVATION COMMISSION
MENT OF NATURAL RESOURCES
E STATE OF COLORADO

RECEIVED

FEB 4 1976

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Champlin Farms

9. WELL NO.
#4-5

10. FIELD AND POOL, OR WILDCAT
Bear Gulch Field

11. SEC., T., R., M., OR BLK. AND
SUBVEY OR AREA
Sec. 4-3S-64W

12. COUNTY
Adams

13. STATE
Colorado

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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Webb Resources, Inc.

3. ADDRESS OF OPERATOR
80202
First of Denver Plaza, 633 17th St, Ste 2200 Denver, Colo

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 1980' FNL & 660 FWL (SW NW Sec. 4)

14. PERMIT NO.
75 541

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5376' Ground Level

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| | | | |
|--|---|---|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |
| (Other) <input type="checkbox"/> | CURRENT STATUS REPORT <input checked="" type="checkbox"/> | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work January 30, 1976

CURRENT STATUS REPORT

Please be advised that the subject well will not be drilled; therefore, please cancel the Permit to Drill. (If possible will you please return our Well Permit Fee of \$75.00)

OK

| | |
|-----|-------------------------------------|
| DVR | <input type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |
| GCH | <input checked="" type="checkbox"/> |
| CGM | <input type="checkbox"/> |

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

SIGNED Robert P. Birdsong TITLE President DATE 1-30-76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 6 1976

CONDITIONS OF APPROVAL, IF ANY:

X