



00273466

OGCC FORM 4
Rev. 8/89

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



SUBMIT ORIGINAL AND 1 COPY none

FOR OFFICE USE ONLY			
ET	FE	UC	SE

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.)

5 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO
950032 ✓

7 API NO
05 115 6051 ✓

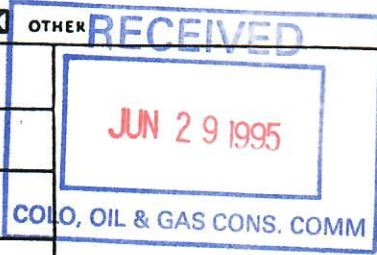
8 WELL NAME
Munson

9 WELL NUMBER
4-1 ✓

10 FIELD OR WILDCAT
Wildcat

11 OTR, OTR SEC, T.R. AND MERIDIAN
NE/4 NE/4 Section 4
T10N, R46W ✓

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER



2 NAME OF OPERATOR
Western Operating Company

3 ADDRESS OF OPERATOR
518 17th Street, Suite 1680
CITY STATE ZIP CODE
Denver, CO 80202

4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements
See also space 17 below.)
At surface 660' FNL & 660' FEL of Sec. 4 ✓
At proposed prod zone Same

12 COUNTY
Sedgwick

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 reports of Multiple/Commungled Completions and Recompletions

- 13C. NOTIFICATION OF:
- SHUT-IN TEMPORARILY ABANDONED (DATE _____) (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 02/22/95

40 sx @ 5,000'
40 sx @ 490'
10 sx @ 40'
Casing cut off 4' below GL

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

SIGNED [Signature] TELEPHONE NO. (303) 893-2438
 NAME (PRINT) Steven D. James TITLE Vice President DATE 06/28/95

(This space for Federal or State office use)

APPROVED [Signature] TITLE Eng DATE 8-22-95
 CONDITIONS OF APPROVAL, IF ANY: