



OGCC FORM 4
Rev. 8/89

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY

CONFIDENTIAL

BEST IMAGE
AVAILABLE

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER <u>Plugged & Abandoned</u>			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <u>Mull Drilling Company, Inc.</u>			6. PERMIT NO. <u>93-1</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2758</u>			7. API NO. <u>05-017-07358</u>
CITY STATE ZIP CODE <u>Wichita Kansas 67201</u>			8. WELL NAME <u>Nicolarsen</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1300' FEL & 300' FNL, NE/4</u>			9. WELL NUMBER <u>#1</u>
At proposed prod. zone <u>Same</u>			10. FIELD OR WILDCAT <u>Wildcat</u>
12. COUNTY <u>Cheyenne</u>			11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE NE, 10-16S-49W</u>

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 _____)
(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 February 5, 1993 - 8:15 PM

Plugged as follows:

40 sx 2290-2157
40 sx 1639-1506
40 sx 462- 329
10 sx 33- top
5 sx Mousehole
5 sx Rathole

Orders by Dave Shelton, CCC - Job by Halliburton

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

SIGNED Mark A. Shreve TELEPHONE NO. (316) 264-6366

NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE March 18, 1993

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 5-18-93

CONDITIONS OF APPROVAL, IF ANY:

BEST IMAGE
AVAILABLE