



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.)		5. FEDERAL/INDIAN OR STATE LEASE NO. 10635
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		6. PERMIT NO. 81-1314
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		7. API NO. 05-017-6315
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY STATE ZIP CODE WICHITA KS 67201		8. WELL NAME Pelton Trust
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL At proposed prod. zone		9. WELL NUMBER No. 1
12. COUNTY Cheyenne		10. FIELD OR WILDCAT Archer
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SE Sec. 30-12S-44W

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 checked="" type="checkbox"/> OTHER <u>Recomplete</u>	13B. SUBSEQUENT REPORT OF: <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>	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 May 26, 1992

Set a CIBP @ 5500' to abandon currently producing perfs at 5598'-5603' and 5574'-5582'. Perforate the Shawnee Formation @ 4294'-98' (4 SPF). Acidize as necessary to establish production.

RECEIVED

MAY 26 1992

DV AT 4422

100 SACK 50-50 POZ

COLO. OIL & GAS CONS. COMM.

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 5-20-92

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 7-10-92

CONDITIONS OF APPROVAL, IF ANY:
SUBMIT FORM 5, FORM 10 AFTER COMPLETION