

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

SUBMIT ORIGINAL AND 1 COPY



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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.)

<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. 10635
1. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		6. PERMIT NO. 81-1314 ✓
3. ADDRESS OF OPERATOR P.O. BOX 2758		7. API NO. 05-017-6315 ✓
CITY STATE ZIP CODE WICHITA KANSAS 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 1
12. COUNTY Cheyenne		10. FIELD OR WILDCAT Archer
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SE Sec. 30-12S-44W ✓

RECEIVED
OCT 13 1994
COLO. OIL & GAS CONS. COMM.

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/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/TEMPORARILY ABANDONED (DATE 9-16-94) (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)

Lease 10741

15. DATE OF WORK _____

Shut well in on 9-16-94, unecomonic to produce at this time. Currently being evaluated.

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

SIGNED Scott Hampel TELEPHONE NO. (316)264-6366

NAME (PRINT) Scott Hampel TITLE VP Eng & Prod DATE 10-11-94

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 10/25/94

CONDITIONS OF APPROVAL, IF ANY:

COMPLY WITH RULE 324-b, c, d FOR SHUT-IN WELLS