

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

SUBMIT ORIGINAL AND 1 COPY



MAY 20 1996

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 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
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250			6. PERMIT NO. 81-1314
3. ADDRESS OF OPERATOR P.O. BOX 2758 CITY: WICHITA STATE: KANSAS ZIP CODE: 67201			7. API NO. 05-017-6315
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:			8. WELL NAME Pelton Trust
12. COUNTY Cheyenne			9. WELL NUMBER 1
			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:

- ☒ 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 Upon COGCC approval

See attached Plugging Procedure

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 5-16-96

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 5/24/96
 CONDITIONS OF APPROVAL, IF ANY:

Final PA procedure must be on Form 4