

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

SUBMIT ORIGINAL AND 1 COPY



OCT 24 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.<br>10635                      |
| 2. NAME OF OPERATOR<br>MULL DRILLING COMPANY, INC. #61250   |  | 6. PERMIT NO.<br>81-1314   |
| 3. ADDRESS OF OPERATOR<br>P.O. BOX 2758   |  | 7. API NO.<br>05-017-6315  |
| CITY STATE ZIP CODE<br>WICHITA KANSAS 67201   |  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface 660' FSL & 660' FEL<br>At proposed prod. zone                 |  |  |
| 12. COUNTY<br>Cheyenne  |  | 8. WELL NAME<br>Pelton Trust                                       |
|   |  | 9. WELL NUMBER<br>1  |
|   |  | 10. FIELD OR WILDCAT<br>Archer                                     |
|   |  | 11. QTR. QTR. SEC., T.R. AND MERIDIAN<br>SE SE 30-12S-44W 6th p.m. |

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

|   |   |   |
|---|---|---|
| <p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p> | <p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small></p> | <p>13C. NOTIFICATION OF:</p> <p><input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE 9-16-94) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p> |
|---|---|---|

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 \_\_\_\_\_

Status Update: 9-20-96 through 9-24-96, Set CIBP @ 4270' FS. Loaded casing with fresh water & packer fluid. Pressured up casing to 380 psi and ran MIT. 0 psi was lost during test. Test was witnessed by Bob VanSickle. SI well on 9-24-96.

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 10-22-96

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 11/12/96

CONDITIONS OF APPROVAL, IF ANY:

SI/TA STATUS GRANTED THRU 9-24-2001