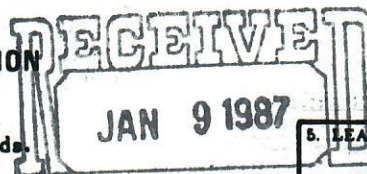




00278696

STATE OF COLORADO
AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.



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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Champlin Petroleum Company Attn: M. Harrison		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3158; Englewood, CO 80155		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 520' FWL (SWW) At proposed prod. zone OGCC #28310		8. FARM OR LEASE NAME Casement 14-33 (28310)	
14. PERMIT NO. (old well)		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4447' KB, 4437' GR		10. FIELD AND POOL, OR WILDCAT Cliff (D sand)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, T12N, R54W	
		12. COUNTY Logan	13. STATE CO

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐ Status

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Temporarily Abandoned - Final disposition undecided - sale candidate.

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input checked="" type="checkbox"/>

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

SIGNED Jim I. Hopkins

TITLE District Engineer

DATE 12/31/86

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE SUPR. PETROLEUM ENGINEER

DATE JAN 12 1987

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.