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

COLO. OIL & GAS CONS. COMM.

SUBMIT ORIGINAL AND 1 COPY

| 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.)

☐ OIL WELL ☐ GAS WELL ☒ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

2. NAME OF OPERATOR

K N Production Company

3. ADDRESS OF OPERATOR

P.O. Box 281304

CITY

STATE

ZIP CODE

Lakewood

Colorado

80228

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface 635' FNL and 1760' FWL

At proposed prod. zone

As Above

5. FEDERAL, INDIAN OR STATE LEASE NO.

6. PERMIT NO.

90 1158

7. API NO.

05 071 6173

8. WELL NAME

Picketwire

9. WELL NUMBER

29-3

10. FIELD OR WILDCAT

Apache Canyon

11. QTR. QTR. SEC., T.R. AND MERIDIAN

NE NW 29-33S-67W-6th P.M.

12. COUNTY

Las Animas

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 reports of Multiple Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN TEMPORARILY ABANDONED (DATE 10-12-91) (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 October 12, 1991

Status Report 04-01-92

SWI pending economic evaluation of pipeline project

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

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

SIGNED

*Dana K. Greathouse*

TELEPHONE NO. (303) 980-9340

NAME (PRINT) Dana K. Greathouse TITLE Engineering Technician

DATE 04-02-92

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE



00591582

DATE