

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

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.)

<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
2 NAME OF OPERATOR Murfin Drilling Company, Inc.			6 PERMIT NO 69 404
3 ADDRESS OF OPERATOR 250 N. Water, Suite 300			7 API NO 05 017 6056
CITY Wichita	STATE KS	ZIP CODE 67202	8 WELL NAME Lowe
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface C NE SW At proposed prod zone			9 WELL NUMBER 4-X
12 COUNTY Cheyenne			10 FIELD OR WILDCAT Golden Spike
			11 QTR. QTR. SEC., T.R. AND MERIDIAN C NE SW Sec 12-16s-45W

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

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" type="checkbox"/> 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 6/8/94 - 6/9/94

Sanded bottom @ 5378' & cemented bottom w/5 sks. Shot @ 2409', worked pipe. Shot @ 2226', worked pipe. Left on tension, swedged in overnight. Worked pipe, shot @ 1900', worked pipe. Came loose & pulled sub & 4 joints. Spotted 50 sks cement @ 1900. Pulled pipe to 1500', spotted 40 sks cement. Pulled pipe to 600', spotted 70 sks cement. Pulled rest of pipe, mixed 80 sks cement & circulated to surface. 60/40 poz 10% gel. Plugging complete.

RECEIVED
JUN 20 1994
COLORADO OIL & GAS CONSERVATION COMMISSION

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

SIGNED R. Darrell Kelso TELEPHONE NO. 316-938-2943
NAME (PRINT) R. Darrell Kelso TITLE President DATE 6-16-94

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: