

OGCC FORM 4
Rev. 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00624234

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
FILE	INDEX	LOC	REV

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			3. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Murfin Drilling Co., 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 Towe
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface C NE SW			9. WELL NUMBER #4-X
At proposed prod. zone			10. FIELD OR WILDCAT Golden Spike
			11. QTR. QTR. SEC. T. & MERIDIAN C NE SW 12-16S-45W

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 JOG LOG)
☐ ABANDONED LOCATION (WELL NEVER TESTED -
SITE MUST BE RESTORED WITHIN 6 MONTHS)
☐ REPAIRED WELL
☐ OTHER

*Use Form 5 - Well Completion or Intervention Report for subsequent reports of Multiple Completions, Fracture Treatments and Re-completions

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 (Include all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give well survey and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK

To plug and abandon in accordance with the procedure recommended by the COGCC.

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

SIGNED

By: Larry M. Jack

TELEPHONE NO. 316-267-3241

NAME (PRINT)

Larry M. Jack

TITLE

Production Manager

DATE

4/5/94

(This space for Federal or State office use)

APPROVED

N/A

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: