

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.
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 Lowe
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. 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.R. AND MERIDIAN C NE SW 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 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 for subsequent report of Multiple/Conventional Completions and Rec Completions</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 type="checkbox"/> OTHER
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (COG) and all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give well path 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 COGC.

RECEIVED
APR 7 - 1994

COLO. OIL & GAS CONSERVATION

Incomplete

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

SIGNED By: X 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 EJB TITLE _____ DATE 6/22/94

CONDITIONS OF APPROVAL, IF ANY: Violation Rule 304