



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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER    D&A 3-27-93		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC. #61250		6. PERMIT NO. 93-161
3. ADDRESS OF OPERATOR P.O. BOX 2758		7. API NO. 05-061-06658
CITY STATE ZIP CODE WICHITA KS 67201		8. WELL NAME Kriss A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FSL & 1920' FWL At proposed prod. zone		9. WELL NUMBER 1
12. COUNTY Kiowa		10. FIELD OR WILDCAT Jalapeno
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SE Sec. 18-17S-42W

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 report of Multiple/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/T.MPORARILY ABANDONED (DATE \_\_\_\_\_) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE \_\_\_\_\_)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER Drilling Pits

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 7-13-94

Reserve pit has been backfilled and the location restored.

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

SIGNED  TELEPHONE NO. 316-264-6366

NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE 7-15-94

(This space for Federal or State office use)

APPROVED  TITLE Engineer DATE 7-20-94  
CONDITIONS OF APPROVAL, IF ANY: