

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Churchill Energy, Inc. 777 South Wadsworth		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Irongate 2, Suite 205 Lakewood, CO 80226		7. UNIT AGREEMENT NAME New Windsor Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWSE Sec. 27 At proposed prod. zone Same		8. FARM OR LEASE NAME Denny 57440	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT New Windsor Sussex	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-7N-67W	
		12. COUNTY Weld	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Status Report	XX		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____ * Must be accompanied by a cement verification report.

Well is shut-in, due to plugging off of formation.

RECEIVED
OCT - 6 1987
COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE ONLY
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19. I hereby certify that the foregoing is true and correct.

SIGNED William R. Smith TITLE Production Consultant DATE 10-5-87

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE DEC 18 1987

CONDITIONS OF APPROVAL, IF ANY: G & G Cons. Comm.

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