

File 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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Churchill Energy, Inc. 777 South Wadsworth Blvd.		New Windsor Sussex Unit	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
Irongate 2, #105 Lakewood, CO 80226		Denny	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)		9. WELL NO.	
At surface NWSE Sec 27		#1	
At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		Sussex- New Windsor	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec. 27 T7N-R67W	
		12. COUNTY	13. STATE
		Weld	CO



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

### NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL. ☐

(Other) Start up

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS. ☐

### SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Pump testing

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

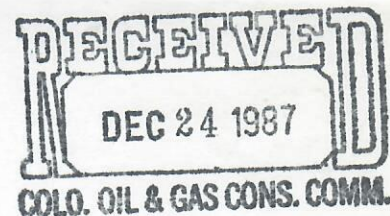
REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

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 11-1-87

\* Must be accompanied by a cement verification report.

Operator will start up captioned well and produce for approximately 3 days per month in order to evaluate degree of blockage in perforations, and evaluate for stimulation if feasible. Production testing to occur over next several months. Monthly operating schedule will be altered if inflow changes. Future activity to be reported on Monthly Report of Production. Please remove this well from "shut-in" category.



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

SIGNED

TITLE Production Consultant

DATE 12-22-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE DEC 30 1987

CONDITIONS OF APPROVAL, IF ANY: