



STATE OF COLORADO  
CONSERVATION COMMISSION  
OF NATURAL RESOURCES

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 DRY		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <u>Murfin Drilling Company, Inc.</u> <u>and JAYARE EXPLORATION, INC.</u>		6. PERMIT NO. <u>911020</u>
3. ADDRESS OF OPERATOR <u>250 N. Water, Suite 300,</u> CITY STATE ZIP CODE <u>Wichita, Ks. 67202</u>		7. API NO. <u>050177270</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' fNL 1980' fWL (NE NW)</u> At proposed prod. zone		8. WELL NAME <u>UPRC STATE</u>
12. COUNTY <u>Cheyenne</u>		9. WELL NUMBER <u>1-22</u>
		10. FIELD OR WILDCAT <u>Wildcat</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE NW Sec. 22-T16S-R46W</u>

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/Commingle Completions  
and Recompletions

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 (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 10:30 am 11-16-91

40 sks @ 1540' }  
40 sks @ 1320' }  
30 sks @ 512'  
15 sx @ 55'

10 sks in Rathole  
10 sks in Mousehole  
Job Complete: 10:30 am 11-16-91

POOR PLACEMENT ~ CHEYENNE NOT COVERED

RECEIVED

MAY 08 1992

COLO. OIL & GAS CONS. COMM.



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

SIGNED Scott Robinson TELEPHONE NO. 316-267-3241

NAME (PRINT) SCOTT ROBINSON TITLE GEOLOGICAL MANAGER DATE 5-1-92

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 10-19-92  
CONDITIONS OF APPROVAL, IF ANY: