



STATE OF COLORADO
CONSERVATION COMMISSION
OF NATURAL RESOURCES

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

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input 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 checked="" 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 and Log for subsequent report of Multiple/Commingled Completions and Recompletions</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 (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' } **POOR PLACEMENT ~ CHEYENNE NOT COVERED**
 30 sks @ 512'
 15 sx @ 55'
 10 sks in Rathole
 10 sks in Mousehole
 Job Complete: 10:30 am 11-16-91

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: