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01706291
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED

JAN 30 1981

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLD OIL & GAS CONS. COMM.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR MULL DRILLING COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 221 N Main - Suite 300 - Wichita, Kansas 67202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Southeast Quarter of the Southeast Quarter (SE/SE) At proposed prod. zone Same		8. FARM OR LEASE NAME STATE-CULLEN	
14. PERMIT NO. 801856		9. WELL NO. #1-16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4292 KB 4301		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16-14S-48W	
		12. COUNTY Cheyenne	
		13. STATE Colorado	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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

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.)

Date of work January 6, 1981 7:30 PM

20 sx @ 340'
10 sx @ 40'
5 sx mousehole
5 sx rathole

Colorado Corporation Commission

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CRM	<input type="checkbox"/>

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

SIGNED

Robert O. Wall

TITLE

PRESIDENT

DATE

January 26, 1981

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

T



00517056

DATE

FEB 2 1981