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

01706291

RECEIVED  
JAN 30 1981

COLORADO OIL & GAS CONSERVATION COMMISSION

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 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:		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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.)

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"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED Robert O. Wall TITLE PRESIDENT DATE January 26, 1981  
Robert O. Wall

(This space for Federal or State office use)  
APPROVED BY [Signature] DATE FEB 2 1981  
CONDITIONS OF APPROVAL, IF ANY:



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