



00514462

COLORADO

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
17	18	19	20

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.)

<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		5 FEDERAL INDIAN OR STATE LEASE NO.
1 NAME OF OPERATOR Union Pacific Resources Company		6 PERMIT NO. See below
2 ADDRESS OF OPERATOR P.O. Box 7 MS 3407		7 API NO. See below
CITY STATE ZIP CODE Fort Worth, TX 76101-0007		8 WELL NAME See below
3 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: See below At proposed prod. zone:		9 WELL NUMBER See below
12 COUNTY Cheyenne		10 FIELD OR WILDCAT See below
All drilled as straight hole.		11 QTR. QTR. SEC., T.R. AND MERIDIAN See below

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 reports of Multiple, Commingled Completions and Recompletion.

13C. NOTIFICATION OF:

- SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER **TOC & stage cement depth**

4 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.)

5 DATE OF WORK: _____

Per your request, please find below the stage cement depths and top of cement for the #2 Christopher, #4 Christopher, and the #1 Chunky.

#2 Christopher
Sec. 1-12S-51W
Cheyenne County
permit #: 93-519
API #: 05-017-7375
TOC: 5990'
Stage: not required per permit.

#4 Christopher 43-1
Sec. 1-12S-51W
Cheyenne County
permit #: 93-673
API #: 05-017-7383
TOC: 2630' calculated
Stage: 3257'

#1 Chunky 12-28
Sec. 28-13S-43W
Cheyenne County
permit #: 93-603
API #: 05-017-7380
TOC: 4692'
Stage: none

If further information is needed, please contact the undersigned at (817)877-6530.

6 I hereby certify that the foregoing is true and correct

SIGNED Cami MinzenmayerTELEPHONE NO. (817)877-6530NAME (PRINT) Cami MinzenmayerTITLE Regulatory AnalystDATE 11-05-93

(This space for Federal or State office use)

APPROVED _____

TITLE _____

DATE 12-17-93

CONDITIONS OF APPROVAL, IF ANY _____

CONFIDENTIAL