

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
ET	FE	UC	SE

**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			6. FEDERAL INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY			UPRR LAND GRANT
3. ADDRESS OF OPERATOR PO BOX 7 MS 3006			PERMIT NO. 94-679
CITY FORT WORTH	STATE TEXAS	ZIP CODE 76101-0007	7. API NO. 05-063-6254
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface: 1200' FWL & 400' FSL SW/SW At proposed prod. zone: Same			8. WELL NAME Colmeno Inc. 14-19
			9. WELL NUMBER 1
			10. FIELD OR WILDCAT Speaker
			11. QTR. QTR. SEC. T.R. AND MERIDIAN SW/SW Sec. 19, T. 11S, R. 50W.
12. COUNTY Kit Carson			

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

13 A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13 B. SUBSEQUENT REPORT OF: <input 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 RECLAIMED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER  <i>Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple/Comingled Completions and Recompletions</i>	13 C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE 10-01-84) (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 checked="" type="checkbox"/> OTHER 80 ACRE LAYDOWN
--	---	--

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:

**CHANGE FROM STAND UP TO LAYDOWN**

This is a 640 acre lease with 80 acres assigned to the well. The acreage should be laydown instead of the standup originally filed.

Please make the necessary change in your records.

5/2

If additional information is needed, please contact the undersigned at (817) 877-7941

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

SIGNED Wanda Bartell

TELEPHONE NO. (817) 877-7941

NAME (PRINT) Wanda Bartell

TITLE: REGULATORY ANALYST

DATE: 11-09-95

APPROVED MMB

TITLE REG DATE 11-15-95

CONDITIONS OF APPROVAL, IF ANY: