

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

SUBMIT ORIGINAL AND 1 COPY



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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			FEDERAL INDIAN OR STATE LEASE NO Fee PERMIT NO 90-136 API NO 05-017-7127 WELL NAME Harker 12-35 WELL NUMBER #4 FIELD OR WILDCAT Harker Ranch QTR, QTR SEC., T.R. AND MERIDIAN SW NW Sec. 35-12S-43W
NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY		COUNTY Cheyenne	
ADDRESS OF OPERATOR P. O. Box 7 - MS 3407			
CITY Fort Worth,	STATE TX		ZIP CODE 76101-0007
LOCATION OF WELL: Report location clearly and in accordance with any State requirements. See also space 17 below. At surface 2060' FNL & 1320' FWL At proposed prod. zone Drilled as a straight hole			

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 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 3 - 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 checked="" type="checkbox"/> OTHER <u>Designation of Drilling Unit</u>
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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 _____

Please be advised that the 80-acre drilling unit assigned to this well is the W $\frac{1}{2}$ NW $\frac{1}{4}$ of Sec. 35-12S-43W.

RECEIVED

APR 5 1991

COLO. OIL & GAS CONS. COMM.

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

SIGNED Joy L. Prohaska TELEPHONE NO. 817/877-7956
 NAME (PRINT) Joy L. Prohaska TITLE Regulatory Analyst DATE 4-3-91

(This space for Federal or State office use)

APPROVED [Signature] TITLE APPROVED DATE 10-25-94
 CONDITIONS OF APPROVAL, IF ANY: