



00278695  
FORM #  
Rev. 1/78

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

FOR OFFICE USE			
ET	FE	UC	SE

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Union Pacific Resources Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1257, Englewood, CO 80150		7. UNIT AGREEMENT NAME (OGCC Lse. #28310)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (SWSW) At proposed prod. zone 665' FWL & 665' FSL (from plat 1955)		8. FARM OR LEASE NAME Casement 14-33	
14. PERMIT NO. / API NO. * / 05-075-07191		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4489' KB 4435' GR		10. FIELD AND POOL, OR WILDCAT Cliff/"D" Sand	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, T12N, R54W	
		12. COUNTY Logan	13. STATE CO

#### 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>
(Other)	

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 type="checkbox"/>
(Other) change of operator <input checked="" 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.)

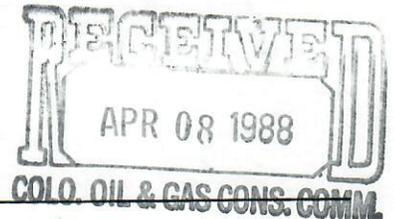
18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

This is to notify that the subject well was sold effective 3/4/88.

New Operator: Rex Monahan  
Room 12 I. and M. Building  
Sterling, CO  
Telephone No.: Lawrence 2-0774

\*Permit approved 6/20/55 by S. J. Jersin - No permit No. given.



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

PRINT Tim T. Hopkins

SIGNED [Signature] TITLE District Engineer DATE 3/25/88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE APR 13 1988  
OIL & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

X