

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
11	12	13	14

**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 <b>Dry</b>		5 FEDERAL INDIAN OR STATE LEASE NO. <b>N/A</b>
1 NAME OF OPERATOR <b>Union Pacific Resources Company</b>		6 PERMIT NO. <b>931674</b>
3 ADDRESS OF OPERATOR <b>P.O. Box 7 MS 3407</b>		7 API NO. <b>05-017-7401</b>
CITY                      STATE                      ZIP CODE <b>Fort Worth, TX 76101-0007</b>		8 WELL NAME <b>Cheeto State 11-16</b>
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>661'FNL &amp; 810'FWL</b>		9 WELL NUMBER <b>1</b>
At proposed prod zone <b>Straight hole.</b>		10 FIELD OR WILDCAT <b>Wildcat</b>
12 COUNTY <b>Cheyenne</b>		11 QTR. QTR. SEC., T.R. AND MERIDIAN <b>NW/4 Sec. 16-14S-49W</b>

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 S - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED (DATE \_\_\_\_\_) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER \_\_\_\_\_

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: **11-30-93**

Plug#1: 5330' w/ 40 sxs cmt.  
Plug#2: 2810' w/ 40 sxs cmt.  
Plug#3: 2020' w/ 40 sxs cmt.  
Plug#4: 1700' w/ 40 sxs cmt.  
Plug#5: 580' w/ 40 sxs cmt.  
Plug#6: 60' w/ 10 sxs cmt.

Plug#7: rat/mouse hole 5 sxs each  
Cut 8 5/8" casing 4' below ground level.  
Weld on cap.  
Release rig.

RECEIVED  
FEB - 2 1994

CONFIDENTIAL

I hereby certify that the foregoing is true and correct

SIGNED Cami Minzenmayer

TELEPHONE NO. **(817)877-6530**

NAME (PRINT) **Cami Minzenmayer**

TITLE **Regulatory Analyst**

DATE **1-31-94**

(This space for Federal or State Office use)

APPROVED [Signature]  
CONDITIONS OF APPROVAL, IF ANY

TITLE **Engineer**

DATE **9-20-94**