

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

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 checked="" 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 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple, Commingled Completions and Recompletion.</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 type="checkbox"/> OTHER _____
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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] TITLE Engineer DATE 9-20-94
CONDITIONS OF APPROVAL, IF ANY