



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.)

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		5. FEDERAL/INDIAN OR STATE LEASE NO.  FEE
2. NAME OF OPERATOR <b>Union Pacific Resources Company</b>		6. PERMIT NO. <b>841459</b>
3. ADDRESS OF OPERATOR <b>P.O. Box 7, M.S. 3407</b>		7. API NO. <b>05-017-6483</b>
CITY                      STATE                      ZIP CODE <b>Fort Worth                      Texas                      76101-0007</b>		8. WELL NAME <b>MC CORMICK 31-3</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>C NW NE</b>		9. WELL NUMBER <b>21</b> #11382
At proposed prod. zone		10. FIELD OR WILDCAT <b>SORRENTO</b>
12. COUNTY <b>CHEYENNE</b>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SEC 3-14S-49W</b>

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>01-16-91</u>) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
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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 Not applicable

STATUS UPDATE -

SI - Hold for possible unitization in East Sorrento.

**RECEIVED**

**AUG 27 1991**

**COLO. OIL & GAS CONS. COMM.**

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.**

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

SIGNED Rachelle Montgomery TELEPHONE NO. (817) 877-7952

NAME (PRINT) Rachelle Montgomery TITLE Regulatory Tech DATE 08-22-91

(This space for Federal or State office use)

APPROVED Dennis Bicknell TITLE DIRECTOR DATE SEP 05 1991  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: