



**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 Union Pacific Resources Company		6. PERMIT NO. 84-1459
3. ADDRESS OF OPERATOR P.O. Box 7, M.S. 3407		7. API NO. 05-017-6483
CITY STATE ZIP CODE Fort Worth Texas 76101-0007		8. WELL NAME McCormick 31-3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C NW NE		9. WELL NUMBER 21
At proposed prod. zone		10. FIELD OR WILDCAT Sorrento
12. COUNTY CHEYENNE		11. QTR. QTR. SEC., T.R. AND MERIDIAN SEC 3-14S-49W

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

<p>13A. NOTICE OF INTENTION TO:</p> <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 _____	<p>13B. SUBSEQUENT REPORT OF:</p> <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 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small>	<p>13C. NOTIFICATION OF:</p> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>01-16-91</u>) (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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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

MAR 16 1992

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 Wanda E. Richmond TELEPHONE NO. (817) 877-7958

NAME (PRINT) WANDA E. RICHMOND TITLE Regulatory Analyst DATE 03-10-92

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 3-31-92
CONDITIONS OF APPROVAL, IF ANY: _____