



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

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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 P & A		6. FEDERAL INDIAN OR STATE LEASE NO.  NA
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY		7. API NO. 05-017-7491
3. ADDRESS OF OPERATOR PO BOX 7 MS 3006		8. WELL NAME Schaefer Trust 13-35
CITY STATE ZIP CODE FORT WORTH TEXAS 76101-0007		9. WELL NUMBER 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below)  At surface: 700' FWL & 1980' FSL NW/SW At proposed prod. zone: Same		10. FIELD OR WILDCAT Wildcat
	12. COUNTY Cheyenne	11. QTR. QTR. SEC. T.R. AND MERIDIAN NW/SW Sec. 35, T. 16S., R. 46W.

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

13 A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMINGLE ZONES <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13 B. 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 RECLAIMED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER  <i>Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple/Comingled Completions and Recompletions</i>	13 C. 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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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: 9-4-95

- 1 Cement plug @ 2040' w/40 sxs cement
- 2 Cement plug @ 1510' w/40 sxs cement
- 3 Cement plug @ 1150' w/40 sxs cement
- 4 Cement plug @ 545' w/40 sxs cement

- 5. Cement plug @ 60' w/10 sxs cement
- 6. Cut 8 5/8" casing 4' below GL weld on cap P & A

If additional information is needed, please contact the undersigned at (817) 877-7941

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

SIGNED Wanda Bartel

TELEPHONE NO. (817) 877-7941

NAME (PRINT) Wanda Bartel

TITLE: REGULATORY ANALYST

DATE: 11-28-95

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 2/22/96

CONDITIONS OF APPROVAL, IF ANY: