

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.)		5 FEDERAL INDIAN OR STATE LEASE NO. NA
<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		6 PERMIT NO. 90-1450
7 NAME OF OPERATOR Union Pacific Resources Company		7 API NO. 05-017-07202-00
8 ADDRESS OF OPERATOR PO Box 7 MS 3006		8 WELL NAME Mount Pearl Unit
CITY STATE ZIP CODE Fort Worth TX 76101-0007		9 WELL NUMBER #13G-30
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface: 1580' FSL & 660' FWL		10 FIELD OR WILDCAT Mt. Pearl Unit
At proposed prod. zone		11 QTR. QTR. SEC., T.R. AND MERIDIAN sec. 34-13S-47W NW/SW <i>NW ✓</i>
12 COUNTY Cheyenne		

SCANNED

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 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 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions.</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE <u>8/6/92</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 _____

Status Update:

Temporarily abandoned pending engineer evaluation.

**COMPLY WITH RULE 324b.
SUBMIT FORM 14b.**

RECEIVED
JUN 23 1994
COURTESY OF THE STATE OF COLORADO

16. 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 6-21-94

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 7-14-94

CONDITIONS OF APPROVAL, IF ANY: