



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

SUBMIT ORIGINAL AND 1 COPY

Operator # 91801



FOR OFFICE USE ONLY table with columns ET, FE, UC, SE

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.)

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

13A. NOTICE OF INTENTION TO: 13B. SUBSEQUENT REPORT OF: 13C. NOTIFICATION OF:

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

AS REQUESTED IN YOUR LETTER DATED AUGUST 29, 1995, PLEASE BE ADVISED THAT UNIVERSAL RESOURCES CORPORATION HAS NO CATHODIC PROTECTION HOLES IN THE IGNACIO-BLANCO FIELD.

16 I hereby certify that the foregoing is true and correct SIGNED L. J. GARNER TELEPHONE NO. (303) 672-6917 NAME (PRINT) TITLE DIST. OPER. SUPERINTENDENT DATE SEPTEMBER 11, 1995

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

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ET	FE	UC	SE

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		3 FEDERAL INDIAN OR STATE LEASE NO NA
7 NAME OF OPERATOR UNIVERSAL RESOURCES CORPORATION		6 PERMIT NO NA
8 ADDRESS OF OPERATOR 1331-17TH STREET, SUITE 300 CITY STATE ZIP CODE DENVER COLORADO 80202		7 API NO NA
9 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 11 below.) At surface: NA		8 WELL NAME NA
At proposed prod. zone: NA		9 WELL NUMBER NA
11 COUNTY LAMPLATA, COLORADO		10 FIELD OR WILDCAT IGNACIO BLANCO
		11 QTR. QTR. SEC. T.R. AND MERIDIAN VARIOUS SECTIONS, TOWNSHIPS & RANGES

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 <i>*Use Form 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions</i>	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 checked="" type="checkbox"/> OTHER <u>CATHODIC PROTECTION HOLES</u>
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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 _____

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16 I hereby certify that the foregoing is true and correct

SIGNED L. J. GARNER TELEPHONE NO. (303) 672-6917
 NAME (PRINT) _____ TITLE DIST. OPER. SUPERINTENDENT DATE SEPTEMBER 11, 1995

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: