

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.)

<input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5 FEDERAL/INDIAN OR STATE LEASE NO. N/A
2 NAME OF OPERATOR Coral Production Corporation		6 PERMIT NO. 94-379
3 ADDRESS OF OPERATOR 1600 Stout St., #1810		RECEIVED JUN 7 - 1994
CITY STATE ZIP CODE Denver, CO 80202		
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FSL and 1780' FEL At proposed prod zone same		
12 COUNTY Weld		7 API NO. 05 123 10188-1
		8 WELL NAME UPRC
		9. WELL NUMBER 27-1
		10. FIELD OR WILDCAT Wildcat
		11. QTR. QTR. SEC., T.R. AND MERIDIAN wswe 27, 8N-65W, 6th P.M.

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

13A. NOTICE OF INTENTION TO: <input checked="" 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 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple, Commingled 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 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 _____

5/13/94 - 5/21/94 Re-entered well and washed down to 8000', ran 5 1/2" 15.50# casing to 5470.35', cemented with 225 sx 50/50 poz, top of cement 4955'

5/31/94 - 6/3/94 Perf Shannon from 5280' to 5298' with 4 spf, swab a total of 420 bbls of formation water, NO SHOWS.

Propose to set CIBP @ 5200', bail 2 sx cement on plug, shoot casing off @ 4250' and pull 5 1/2", set plug and cement 50' below the Fox Hills formation, cement 10 sx in surface pipe, cut pipe below surface, weld steel plat on pipe and restore surface. Plan to commence work 6/9/94. **Set plug at 700' w/ 40sx, 550' w/ 35sx, 50' w/ 10sx.*

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

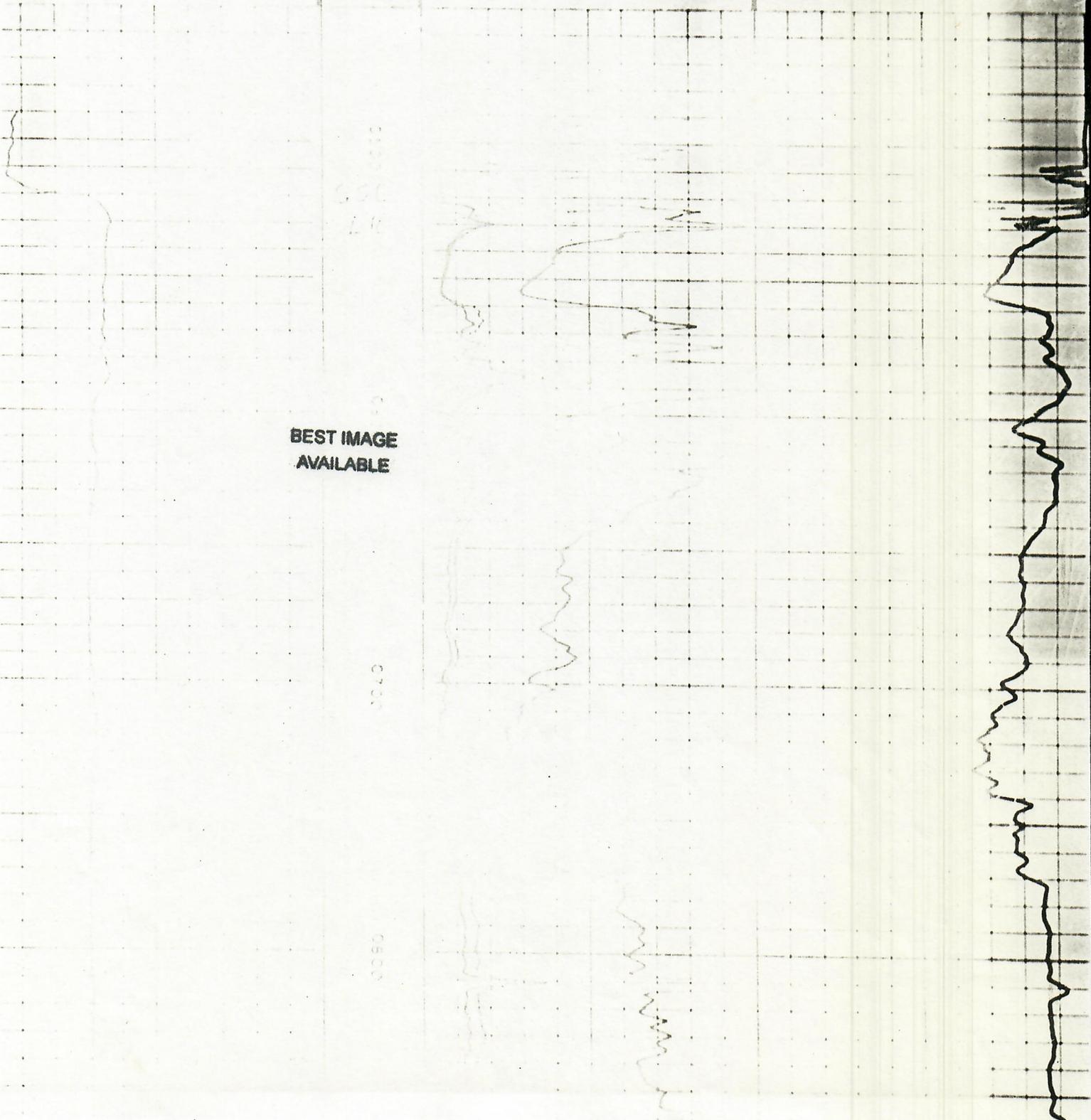
SIGNED James R. Weber TELEPHONE NO. (303) 623-3573
 NAME (PRINT) James R. Weber TITLE President DATE 6/7/94

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engineer DATE 6-7-94
 CONDITIONS OF APPROVAL, IF ANY: *

AMP. SPHERICALLY FOCUSED LOG

BEST IMAGE AVAILABLE



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