

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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.)

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. <b>86-3170-S</b>
2. NAME OF OPERATOR <b>Union Pacific Resources Company</b>			6. PERMIT NO. <b>91-536</b>
3. ADDRESS OF OPERATOR <b>P.O. Box 7, M.S. 3407</b>			7. API NO. <b>05-017-7237</b>
CITY <b>Fort Worth</b>	STATE <b>Texas</b>	ZIP CODE <b>76101-0007</b>	8. WELL NAME <b>Heart Ranch State 12-12</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>2045' FNL &amp; 600' FWL</b>			9. WELL NUMBER <b>1</b>
At proposed prod. zone <b>Same</b>			10. FIELD OR WILDCAT <b>Wildcat</b>
12. COUNTY <b>Cheyenne</b>			11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SWNW Sec 12-T16S-R48W</b>

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER \_\_\_\_\_

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
  - ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
  - ☐ REPAIRED WELL
  - ☐ OTHER \_\_\_\_\_
- \*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN/TEMPORARILY ABANDONED (DATE \_\_\_\_\_) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER \_\_\_\_\_

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 September 9, 1991

Halliburton P&A'd well as follows:

1. Set 40 sx cmt plug 5150-5050'.
2. Set 40 sx cmt plug 2450-2350'.
3. Set 40 sx cmt plug 1600-1500'.
4. Set 40 sx cmt plug 1325-1225'.
5. Set 40 sx cmt plug 587-487'.
6. Set 10 sx cmt plug 60-0'.
7. Cut off csg 4' BGL & welded plate.

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

SIGNED Kris Curran

TELEPHONE NO. (817) 877-6000

NAME (PRINT) Kris Curran

TITLE Regulatory Analyst

DATE 10-11-91

(This space for Federal or State office use)

APPROVED [Signature]

CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



00500756

DATE 12-2-91