

BEST IMAGE AVAILABLE



OGCC FORM 4 Rev. 8/89

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.)

5. FEDERAL/INDIAN OR STATE LEASE NO. N/A

1. OIL WELL [X] GAS WELL [ ] COALBED METHANE [ ] INJECTION WELL [ ] OTHER [ ]

6. PERMIT NO. 93-269

2. NAME OF OPERATOR Union Pacific Resources Company

7. API NO. 05-017-7368

3. ADDRESS OF OPERATOR P.O. Box 7, M.S. 3407 Fort Worth Texas 76101-0007

8. WELL NAME Blanca State 32-12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

9. WELL NUMBER #1

At surface 1980' FNL & 1980' FEL At proposed prod. zone drilled as a straight hole

10. FIELD OR WILDCAT Wildcat

12. COUNTY Cheyenne

11. QTR. QTR. SEC., T.R. AND MERIDIAN SW/NE Sec. 12-16S-48W

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/Commingled 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 4-18-93

Plugged 4-18-93

Plug #1 40 sxs 5000' - 4900'

Plug #2 40 sxs 2300' - 2200'

Plug #3 40 sxs 1500' - 1400'

Plug #4 10 sxs 565' - 465'

Plug #5 5 sxs each mouse/rathole

CONFIDENTIAL

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

SIGNED [Signature] TELEPHONE NO. (817) 877-7952 NAME (PRINT) Rachelle Montgomery TITLE Regulatory Analyst DATE 5-19-93

(This space for Federal or State office use)

APPROVED [Signature] TITLE DATE 7-6-93

