

OIL
STATE OF COLORADO
N COMMISSION
RESOURCES
00514479
1 COPY

FOR OFFICE USE ONLY			
FILE	UC	SL	

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 checked="" type="checkbox"/> OIL WELL <input 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. UPRR
2. NAME OF OPERATOR Union Pacific Resources Company		6. PERMIT NO. 931088 ✓
3. ADDRESS OF OPERATOR P.O. Box 7 MS 3407 CITY STATE ZIP CODE Fort Worth, TX 76101-0007		7. API NO. 05-017-7393 ✓
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. Set also space 17 below.) At surface 1300' FNL & 400' FEL ✓ At proposed prod. zone straight hole		8. WELL NAME Christopher 41-1
		9. WELL NUMBER #5
		10. FIELD OR WILDCAT Speaker (77825)
12. COUNTY Cheyenne		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE/NE Sec. 1-12S-51W ✓

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 checked="" type="checkbox"/> OTHER <u>vent gas</u>	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 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions</small>	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 Upon approval

Upon state approval, Union Pacific Resources Company requests permission to vent up to 35 MCF per day during production.

Your expedience in this matter is appreciated.

RECEIVED

SEP 27 1993

COLO. OIL & GAS CONS. COMM.

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 09-23-93

(This space for Federal or State office use)

APPROVED Edie B. Burt TITLE Engineer DATE 3-2-94
CONDITIONS OF APPROVAL, IF ANY:

Approval from DOH - Air Emissions required.