



STATE OF COLORADO
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.)

| | | |
|---|--|--|
| <input 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. NA |
| 2 NAME OF OPERATOR Union Pacific Resources Company | | 6 PERMIT NO. 84-377 |
| 3 ADDRESS OF OPERATOR PO Box 7 MS 3006 | | 7 API NO. 05-017-06448-00 |
| CITY STATE ZIP CODE Fort Worth TX 76101-0007 | | 8 WELL NAME Bledsoe |
| 4 LOCATION OF WELL (Report location clearly, and in accordance with any State requirements. See also space 12 below.) At surface: 660' FNL & 1100' FNL | | 9 WELL NUMBER #5 |
| At proposed prod. zone: | | 10 FIELD OR WILDCAT Wildcat |
| 12 COUNTY Cheyenne | | 11 QTR. QTR. SEC., T.R. AND MERIDIAN NW/NW sec. 31-12S-50W |

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 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled 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 _____ |
|---|--|---|

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 _____

Please be advised that in accordance with Rule 909 of the Colorado Oil & Gas Rules & Regulations, Union Pacific Resources Company will be venting gas from time to time on the above mentioned well. Union Pacific Resources Company will report on a monthly basis all venting done at this site. If you have any further questions or comments, please contact the undersigned.

RECEIVED
JUN 15 1994
COLO. OIL & GAS CONS. COMM.



00514269

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 6-13-94

(This space for Federal or State office use)

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

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

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NA

- OIL WELL
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 OTHER

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3 ADDRESS OF OPERATOR

PO Box 7 MS 3006

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Bledsoe

CITY STATE ZIP CODE

Fort Worth TX 76101-0007

9 WELL NUMBER

#5

4 LOCATION OF WELL (Report location clearly, and in accordance with any State requirements)

See also space 17 below
At surface

660' FNL & 1100' FNL

At proposed prod zone

10 FIELD OR WILDCAT

Wildcat

12 COUNTY

Cheyenne

11 QTR QTR SEC. T.R. AND MERIDIAN

NW/NW sec.31-12S-50W

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- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL

OTHER vent gas

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 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions

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- SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
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- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER _____

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Cami Minzenmayer

TELEPHONE NO. 817-877-6530

NAME (PRINT)

Cami Minzenmayer

TITLE

Regulatory Analyst

DATE

6-13-94

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APPROVED _____

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