



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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
BY	FL	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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			1 FEDERAL INDIAN OR STATE LEASE NO. UPRR Land Grant
2 NAME OF OPERATOR Union Pacific Resources Company			6 PERMIT NO. N/A
3 ADDRESS OF OPERATOR PO Box 7 MS 3006			7 API NO. N/A
CITY Fort Worth	STATE TX	ZIP CODE 76101-0007	8 WELL NAME Colmeno Inc. 34-19
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FEL & 400' FSL			9 WELL NUMBER #1
At proposed prod. zone Same			10 FIELD OR WILDCAT Speaker
12 COUNTY Kit Carson			11 QTR. QTR. SEC. T.R. AND MERIDIAN SW/NE Sec. 19-11S-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 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 _____ <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 checked="" type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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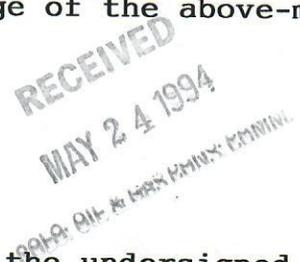
14 DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15 DATE OF WORK _____

Please be advised of the location and name change of the above-mentioned well:

New location: **SW/SW Sec 19-11S-50W
1200' FWL & 400' FSL**

Name change: **#1 Colmeno Inc. 14-19**



If you need further information, please contact the undersigned.

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 **05-23-94**

(This space for Federal or State office use)

APPROVED *[Signature]* TITLE _____ DATE **11/29/94**

CONDITIONS OF APPROVAL, IF ANY. **NEW Q-Q MOVE NOT ALLOWED ON FUTURE WELLS**