



00511132

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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY
BY MB 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.)

FEDERAL INDIAN OR STATE LEASE NO.

UPRR Land Grant

☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

6 PERMIT NO

N/A

7 NAME OF OPERATOR

Union Pacific Resources Company

7 API NO

N/A

8 ADDRESS OF OPERATOR

PO Box 7 MS 3006

8 WELL NAME

Colmeno Inc. 34-19

CITY STATE ZIP CODE
Fort Worth TX 76101-0007

9 WELL NUMBER

#1

4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements
See also space 12 below.)

At surface 1980' FEL & 400' FSL

10 FIELD OR WILDCAT

Speaker

At proposed prod. zone
Same

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:

- ☐ 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 3 - Well Completion or Recompletion Report and Log
for subsequent reports 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 _____

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