



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.)

|   |                |   |
|---|----------------|---|
| 1. <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.                      |
| 2. NAME OF OPERATOR<br>Union Pacific Resources Company  |                | FEE   |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 7, M.S. 3407   |                | 6. PERMIT NO.<br>79-744                                   |
| CITY<br>Fort Worth  | STATE<br>Texas | 7. API NO.<br>05-073-06082                                |
| ZIP CODE<br>76101-0007  |                | 8. WELL NAME<br>STATE 1-36                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1320' FWL & 1320' FNL<br>At proposed prod. zone DRILLED AS A STRAIGHT HOLE |                | 9. WELL NUMBER<br>#1                                      |
| 12. COUNTY<br>LINCOLN   |                | 10. FIELD OR WILDCAT<br>WILDCAT                           |
|   |                | 11. QTR. QTR. SEC., T.R. AND MERIDIAN<br>SEC 36-T11S-R52W |

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/Commingle Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED  
(DATE 3-28-91)  
(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 3-28-91

WELL SHUT-IN ON 6-25-80 DUE TO LACK OF MARKET AND NO GAS PIPELINE. THIS WELL IS STILL ON SHUT-IN STATUS.

**RECEIVED**

APR 11 1991

COLO. OIL &amp; GAS CONS. COMM

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

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

SIGNED

TELEPHONE NO. (817) 877-7956

NAME (PRINT)

JOY L. PROHASKA

TITLE REGULATORY ANALYST

DATE 4-5-91

(This space for Federal or State office use)

APPROVED

TITLE

DATE

5-24-91

CONDITIONS OF APPROVAL, IF ANY:

DETAIL OPERATIONAL POTENTIAL ON NEXT REPORT