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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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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 checked="" type="checkbox"/> OTHER <u>Dry</u>		5. FEDERAL INDIAN OR STATE LEASE NO. <u>Land Grant</u>
2. NAME OF OPERATOR <u>Union Pacific Resources Company</u>		6. PERMIT NO. <u>90-566</u>
3. ADDRESS OF OPERATOR <u>P. O.Box 7 - MS 3407</u>		7. API NO. <u>05-017-7170</u>
CITY STATE ZIP CODE <u>Fort Worth, Texas 76101-0007</u>		8. WELL NAME <u>Mockelmann 21D-19</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1200' FNL & 1500' FWL</u>		9. WELL NUMBER <u>#1</u>
At proposed prod. zone <u>Drilled as a straight hole</u>		10. FIELD OR WILDCAT <u>Wildcat-Morrow</u>
12. COUNTY <u>Cheyenne</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE NW 19-15S-46W</u>

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 checked="" 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 report 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 _____
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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 07-07-90

Set abandonment plugs as follows:

- Plug #1 2400'-2300' w/50 sx Premium
- Plug #2 1825'-1725' w/50 sx Premium
- Plug #3 1450'-1350' w/50 sx Premium
- Plug #4 485'- 435' w/40 sx Premium
- Plug #5 60'- 10' w/20 sx Premium

Cut off 8-5/8" pipe 4' BGL and weld on plate.

RECEIVED

AUG 15 1990

COLO. OIL & GAS CONS. COMM

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

SIGNED Joy L. Prohaska TELEPHONE NO. 817-877-7956
 NAME (PRINT) Joy L. Prohaska TITLE Regulatory Analyst DATE 08-08-90

(This space for Federal or State office use)

APPROVED [Signature] TITLE DEPUTY DIRECTOR DATE SEP 11 1990
 CONDITIONS OF APPROVAL, IF ANY:



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