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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.)

5. FEDERAL INDIAN OR STATE LEASE NO.

Land Grant

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

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 Commingled 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 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

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

TITLE

DEPUTY DIRECTOR

DATE

SEP 11 1990

CONDITIONS OF APPROVAL, IF ANY:



00523209