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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION COLO. OIL & GAS CONS. COMM.
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 checked="" 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. N/A
2. NAME OF OPERATOR Union Pacific Resources Company		6. PERMIT NO. 93-170
3. ADDRESS OF OPERATOR P.O. Box 7, M.S. 3407		7. API NO. (05-017-7366)
CITY STATE ZIP CODE Fort Worth Texas 76101-0007		8. WELL NAME Ottawa 44-19
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1250' FSL & 1150' FEL At proposed prod. zone drilled as a straight hole		9. WELL NUMBER #1
12. COUNTY Cheyenne		10. FIELD OR WILDCAT Wildcat
		11. QTR. QTR. SEC. T.R. AND MERIDIAN SE/4 Sec. 19-14S-51W

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 _____)
(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

4-4-93

15. DATE OF WORK _____

Plugged 4-4-93

Plug #1 3156' - 3056' 40 sxs
Plug #2 2340' - 2240' 40 sxsPlug #3 2067' - 1967' 40 sxs
Plug #4 561' - 461' 40 sxs
Plug #5 60' - surface 10 sxs
5 sxs each mouse/rathole

cut csg 4' below GL; weld on cap



00497468

CONFIDENTIAL

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

SIGNED _____

NAME (PRINT) _____

Rachelle Montgomery

TITLE _____

Regulatory Analyst

TELEPHONE NO. (817) 877-7952

DATE _____

6/4/93

(This space for Federal or State office use)

APPROVED _____

TITLE _____

DATE _____

6-16-93

CONDITIONS OF APPROVAL, IF ANY: