



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



Page 5.

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.

FEE

1.

( X ) OIL WELL ( ) GAS WELL ( ) COALBED METHANE ( ) INJECTION WELL ( ) OTHER

PERMIT NO.

841459

2. NAME OF OPERATOR

UNION PACIFIC RESOURCES COMPANY

7. API NO.

05-017-6483

3. ADDRESS OF OPERATOR

PO BOX 7 MS 3006

8. WELL NAME

#21 McCORMICK

CITY

STATE

ZIP CODE

FORT WORTH

TEXAS

76101-0007

9. WELL NUMBER

#31-3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below)

At surface: 660' FNL, 1980' FEL Sec. 3, T. 14 S., R. 49 W., 6th PM

At proposed prod. zone: Same

12. COUNTY

Cheyenne

10. FIELD OR WILDCAT

Wildcat

11. QTR. QTR. SEC. T.R. AND MERIDIAN

NWNE Sec. 3, T14S, R49W.

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13 A. NOTICE OF INTENTION TO:

( X ) PLUG AND ABANDON

( ) MULTIPLE COMPLETION

( ) COMINGLE ZONES

( ) FRACTURE TREAT

( ) REPAIR WELL

( ) OTHER: Change of Location

13 B. SUBSEQUENT REPORT OF:

( ) FINAL PLUG AND ABANDONMENT

(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)

( ) ABANDONED LOCATION (WELL NEVER DRILLED.  
SITE MUST BE RECLAIMED WITHIN 6 MONTHS)

( ) REPAIRED WELL

( ) OTHER

Use Form 5 - Well Completion or Recompletion Reports and Log  
for subsequent reports of Multiple/Comingled Completions  
and Recompletions)

13 C. 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:ASAP

Please be advised that Union Pacific Resources Company has deemed the above referenced well dry and request permission to plug the well.

SEE ATTACHED PLUG AND ABANDON PROCEDURE

If additional information is needed, please contact the undersigned at (817) 877-7952

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

SIGNED Chris Beam

TELEPHONE NO. (817) 877-7747

NAME (PRINT) C.A.BEAN

TITLE: SENIOR REGULATORY ANALYST

DATE: 5/17/95

APPROVED [Signature]

TITLE \_\_\_\_\_ DATE 5/30/95

CONDITIONS OF APPROVAL, IF ANY: