

OGCC FORM #  
Rev. 8-89STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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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.)

<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		3 FEDERAL INDIAN OR STATE LEASE NO.
7 NAME OF OPERATOR <u>UNION PACIFIC RESOURCE CO.</u>		8 PERMIT NO.
9 ADDRESS OF OPERATOR <u>1780 WESTLAND ROAD SUITE 202</u>		9 API NO. <u>05-123-0842800</u>
CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	10 WELL NAME <u>SCHWAB</u>
ZIP CODE <u>82001</u>		11 WELL NUMBER <u>#1-32-13</u>
12 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface		10 FIELD OR WILDCAT <u>SPINDLE</u>
At proposed prod. zone		11 QTR. QTR. SEC. T.R. AND MERIDIAN <u>SW/NE S13-1N-68W</u>
12 COUNTY <u>WELD</u>		

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

## 13A. NOTICE OF INTENTION TO:

- ☒ PLUG AND ABANDON  
☐ MULTIPLE COMPLETION  
☐ COMMINGLED 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 4-1-96IV AT 933', 150 SKSLAY DOWN ROD + TUBING.SET C.I.B.P. 50' ABOVE TOP PERFORATION AT 4803' 2 SX. CEM. ON TOP.PERFORATE 5 1/2" CASN. AT 300' BALANCE A 40 SKS. CEMENT PLUG IN 4 1/2" AND 8 5/8"CASN. SET A 10 SX. CEM. PLUG AT TOP OF SURFACE PIPE.CUT OFF 6' BELOW G.L. WELD ON PLATE BACKFILL.MAY PULL CASN. SAME CEMENT PROGRAM. NA - DV TOOL

16 I hereby certify that the foregoing is true and correct

SIGNED Kirk WilliamsTELEPHONE NO. 303-534-5803NAME (PRINT) KIRK WILLIAMSTITLE P+A MANGER

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED [Signature]

TITLE \_\_\_\_\_

DATE 3/13/96

CONDITIONS OF APPROVAL, IF ANY

PROVIDE 24 HR NOTICE OF MUR TODAVE SHELTON 894-2100 x108

Post-It Fax Note • 7671

Date 03/11 # of pages 1