



123-08428

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. () OIL WELL () GAS WELL () COALBED METHANE () INJECTION WELL (X) OTHER		5. FEDERAL INDIAN OR STATE LEASE NO. NA
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY		PERMIT NO. NA
3. ADDRESS OF OPERATOR PO BOX 7 MS 3006		7. API NO. 05-123-08428
CITY FORT WORTH	STATE TEXAS	8. WELL NAME Schwab 32-13
ZIP CODE 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: At proposed prod. zone:		10. FIELD OR WILDCAT Spindle
12. COUNTY Weld		11. QTR. QTR. SEC. T.R. AND MERIDIAN SWNE Sec. 13-1N-68W

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

13 A. NOTICE OF INTENTION TO: () PLUG AND ABANDON () MULTIPLE COMPLETION () COMINGLE ZONES () REPAIR WELL () OTHER:	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: (X) SHUT-IN TEMPORARILY ABANDONED (DATE 09-01-92) (REQUIRED EVERY 6 MONTHS) () PRODUCTION RESUMED (DATE) () LOCATION CHANGE (SUBMIT NEW PLAT) () WELL NAME CHANGE () 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: 9/1/92

This well is temporarily abandoned pending engineer evaluation.

If additional information is needed, please contact the undersigned at (817) 877-6530.

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

SIGNED Cami Cho

TELEPHONE NO. (817) 877-6530

NAME (PRINT) Cami Cho

TITLE: Regulatory Analyst

DATE: 04-19-96

APPROVED MB

TITLE RCPT

DATE 4-24-96

CONDITIONS OF APPROVAL, IF ANY:



00041803