

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
ET	FE	UC	SE

## 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		5 FEDERAL INDIAN OR STATE LEASE NO. 6 PERMIT NO.
7 NAME OF OPERATOR <u>UNION PACIFIC RESOURCES CO.</u>		7 API NO. <u>05-123-0877000</u>
8 ADDRESS OF OPERATOR <u>1780 WESTLAND ROAD SUITE 202</u> CITY STATE ZIP CODE <u>CHEYENNE WYOMING 82001</u>		8 WELL NAME <u>ZARLENGO</u>
9 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface At proposed prod. zone		9 WELL NUMBER <u>#4-41-29</u>
12 COUNTY <u>WELD</u>		10 FIELD OR WILDCAT <u>SPINOLE</u>
		11 QTR QTR SEC. T.R. AND MERIDIAN <u>WE/NE S29-1W-67W</u>

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 3 - 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)

15 DATE OF WORK 4-1-96

M.I.R.V. LAY DOWN RODS + TUBING.

SET C.I.B.P. 50' ABOVE TOP PERFORATION. AT 4796'. TWO SKS. CEM. ON TOP.  
 PERFORATE 4 1/2" CASN. AT 800', 50' BELOW SURFACE PIPE BLANCE A 40 SKS.  
 CEM. PLUG BETWEEN 4 1/2" CASN. AND 8 5/8" LOAD HPLE SET A 10 SKS. CEM. AT TOP  
 OF SURFACE PIPE, CUT OFF 6' BELOW GROUND LEVEL CUT OFF AND CAP AND  
 BACK FILL

MAY RUN CASN. SAME CEMENT PROGRAM.

PERF 900' + SET  
80 SK CUT PLUG

16 I hereby certify that the foregoing is true and correct

SIGNED Kirk Williams



50000143

TELEPHONE NO. 303-534-5803

NAME (PRINT) KIRK WILLIAMS

TITLE P+A MANAGER

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

• NOTE CHANGE

Post

P&A procedures require 48 hour  
 advance notice. Contact:  
 Linda Pavelka @ (303) 857-1635 or  
 (303) 222-7120

DATE 3/13/96

of 998 1