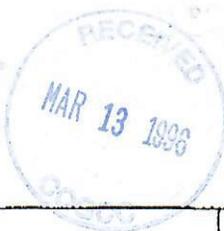


OGCC FORM #  
Rev. 8-89

STATE 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		3 FEDERAL INDIAN OR STATE LEASE NO.
7 NAME OF OPERATOR <b>Union Pacific Resource Co</b>		6 PERMIT NO.
8 ADDRESS OF OPERATOR <b>178 WESTLAND ROAD SUITE 202</b>		7 API NO. <b>05-123-0886000</b>
CITY STATE ZIP CODE <b>Cheyenne Wyoming 82001</b>		8 WELL NAME <b>C.P.C.</b>
9 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9 WELL NUMBER <b># 3-31-4</b>
At proposed prod zone		10 FIELD OR WILDCAT <b>SPINDLE</b>
12 COUNTY <b>WELD</b>		11 QTR QTR SEC. T.R. AND MERIDIAN <b>NW/NE 54-1N-68W</b>

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

11A NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	11B SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions</small>	11C NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> 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 4-1-96

LAY DOWN RODS + TUBING  
 SET C.F.B.P. AT 50' ABOVE TOP PERFORATION AT 4589' 25X CEM. ON TOP.  
 PERFORATE 5 1/2" CASN. AT 660' BALANCE A 40 SX. CEM. PLUG THROUGH PERFORATION  
 SET A 10 SX. CEM. PLUG AT TOP OF 5 1/2" AND 8 5/8" PIPE.  
 CUT OFF 6' BELOW G.L. WELD ON PLATE AND BACKFILL.

MAY PULL CASN, SAME CEMENTING PROGRAM.

16 I hereby certify that the foregoing is true and correct

SIGNED Kirk Williams TELEPHONE NO. 303-534-5803

NAME (PRINT) KIRK WILLIAMS TITLE P-A MANAGER 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 MIRD TO  
DAVE SHELTON 894-2100 X108

Post-It® Fax Note 7671

Date 03/11 # of pages 1