

OGCC FORM 4
Rev. 8-89STATE 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.)

<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.
4 NAME OF OPERATOR <u>UNION PACIFIC RESOURCE Co</u>		6 PERMIT NO.
5 ADDRESS OF OPERATOR <u>178 WESTLAND ROAD SUITE 202</u>		7 API NO. <u>05-123-0886000</u>
CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	8 WELL NAME <u>C.P.C.</u>
ZIP CODE <u>82001</u>		9 WELL NUMBER <u># 3-31-4</u>
10 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>NW/NE 54-1N-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 reports 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 4-1-96

LAY DOWN RODS + TUBING
 SET C.F.B.P. 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 PLUG CASN, SAME CEMENTING PROGRAM.

16 I hereby certify that the foregoing is true and correct

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

DATE _____

(This space for Federal or State office use)

TITLE _____

DATE 3/13/96

APPROVED _____

CONDITIONS OF APPROVAL, IF ANY

PROVIDE 24 HR NOTICE OF MIRR TO

DAVE SHELTON 894-2100 X108

Post-It Fax Note 7671

Date <u>03/11</u>	# of pages <u>1</u>
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