



00515655

STATE OF COLORADO

## OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

RECEIVED

JUL 10 1992

SUBMIT ORIGINAL AND 1 COPY

COLO. OIL &amp; GAS CONS. COMM.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Union Pacific Resources Company		6. PERMIT NO. 92-508
3. ADDRESS OF OPERATOR P.O. Box 7, M.S. 3407		7. API NO. 05-017-7316
CITY STATE ZIP CODE Fort Worth Texas 76101-0007		8. WELL NAME Vicksburg 31-21
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL		9. WELL NUMBER #1
At proposed prod. zone Straight Hole		10. FIELD OR WILDCAT Wildcat
12. COUNTY Cheyenne		11. QTR. QTR. SEC., T.R. AND MERIDIAN NW/NE Sec 21-13S-47W

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 5 - 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 05/29-30/92

The subject well was plugged as follows:

Plug #1 3000-2900 w/40 sx  
Plug #2 2200-2100 w/40 sx  
Plug #3 1900-1800 w/40 sx  
Plug #4 550-450' w/40 sx  
Plug #5 60-surface w/10 sx

→ 2900 - 2800 PER VP

Plug mousehole and rathole w/5 sxs each.

Cut csg 4' below GL and weld on cap.

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

SIGNED

TELEPHONE NO. (817) 877-7952

NAME (PRINT) Rachelle Montgomery

TITLE Regulatory Analyst

DATE 07-07-92

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

8-18-92