

STATE OF COLORADO
OIL & 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. <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 DRY		5. FEDERAL, INDIAN OR STATE LEASE NO. FEE
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY		6. PERMIT NO. 89-881
3. ADDRESS OF OPERATOR P.O. BOX 7 - MS 3407 CITY STATE ZIP CODE FORT WORTH, TEXAS 76101-0007		7. API NO. 05-061-6543
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FWL & 1000' FSL At proposed prod. zone		8. WELL NAME UEHLING 44-11
12. COUNTY KIOWA		9. WELL NUMBER #1
		10. FIELD OR WILDCAT WILDCAT
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SE 11-17S-42W

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

13A. NOTICE OF INTENTION TO: <input 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 _____	13B. SUBSEQUENT REPORT OF: <input checked="" 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 report of Multiple/Commingle Completions and Recompletions</small>	13C. 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 10-28-89
 MIRU & SET PLUGS AS FOLLOWS:

PLUG #1 5220'-5120' w/40 SXS 'A'
 PLUG #2 1900'-1800' w/45 SXS NEAT
 PLUG #3 1500'-1340' w/60 SXS NEAT
 PLUG #4 455'-355' w/40 SXS NEAT
 PLUG #5 50'-40' w/10 SXS NEAT
 CMT OFF SURFACE, CUT CSG 4' BGL & WELD ON PLATE

RECEIVED

DEC 05 1989

CO. OIL & GAS CONS. COM.

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

SIGNED J. L. Prohaska TELEPHONE NO. (817) 877-7956
 NAME (PRINT) JOY L. PROHASKA TITLE REGULATORY ANALYST DATE 11-27-89

(This space for Federal or State office use)

APPROVED [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE 12/13/89
 CONDITIONS OF APPROVAL, IF ANY:

