

STATE 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)

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			6. FEDERAL INDIAN OR STATE LEASE NO. NA
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY			7. API NO. 05-123-08847
3. ADDRESS OF OPERATOR PO BOX 7 MS 3006			8. WELL NAME Schwab 42-13
CITY FORT WORTH	STATE TEXAS	ZIP CODE 76101-0007	9. WELL NUMBER 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface: At proposed prod. zone:			10. FIELD OR WILDCAT Spindle
12. COUNTY Weld			11. QTR. QTR. SEC. T.R. AND MERIDIAN SENE Sec. 13-1N-68W

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

13 A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMINGLE ZONES <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13 B. 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 RECLAIMED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <i>Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple/Comingled Completions and Recompletions</i>	13 C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE 09-01-92) (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: 9/1/92

This well is temporarily abandoned pending engineer evaluation.

If additional information is needed, please contact the undersigned at (817) 877-6530.

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

SIGNED Cami Cho

TELEPHONE NO. (817) 877-6530

NAME (PRINT) Cami Cho

TITLE: Regulatory Analyst

DATE: 04-19-96

APPROVED [Signature]

TITLE REG

DATE 4-24-96

CONDITIONS OF APPROVAL, IF ANY: