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Rev

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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

JUL 1 - 1996

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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.)

5. FEDERAL INDIAN OR STATE LEASE NO.

1. ☒ Oil Well ☐ Gas Well ☐ COALBEAD METHANE ☐ INJECTION WELL ☐ OTHER

6. PERMIT NO.

2. NAME OF OPERATOR

Union Pacific Resources Company

3. ADDRESS OF OPERATOR

P.O. Box 7 MS 3006

CITY

Fort Worth,

STATE

TX

ZIP CODE

76101-0007

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

See also space 12 below)
At Surface

At proposed prod. zone



7. API NO 05-123-0884700

8. WELL NAME Schwab

9. WELL NUMBER 2-42-13

10. FIELD OR WILDCAT Spindle

12. COUNTY

Weld

11. QTR., QTR., SEC., T.R. AND MERIDIAN

SENE- S13 T1N R68W

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 MONTH)
☐ 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 OPERATION 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

6-17-96

Set CIBP at 4700'
Cap with 2 sacks of cement
Cut casing at 3800' and lay down
Pump 80 sack surface shoe plug at 750'
Dump 25 sack surface plug
Cut off well head
Weld on plate
Backfill hole

EXHAUSTED
OIL WELL

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

6-28-96

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

7/5/96

