

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.



00271819

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Walsh Production, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <div style="border: 2px solid red; border-radius: 50%; width: 40px; height: 40px; text-align: center; line-height: 40px; margin: 0 auto;">C</div>	
3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 3271' S/N Line, 50' W/E Line At proposed prod. zone C NE SE Sec 35-9N-69W		8. FARM OR LEASE NAME Douglas Reservoir	
		9. WELL NO. #1	
		10. FIELD AND POOL, OR WILDCAT Douglas Lake	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-9N-69W	
14. PERMIT NO. 79 1076	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5222 KB	12. COUNTY Larimer	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work _____

This Well is Shut-In.

RECEIVED

DEC 18 1989

COLO. OIL & GAS CON. COMM.

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

Representative of

SIGNED

TITLE

Operator

DATE

12-13-89

(This space for Federal or State office use)

APPROVED BY

TITLE

Sr. Engr.

DATE

12/18/89

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS

FOR OFFICE USE ONLY
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