

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



00271819

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

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"/>		3. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Walsh Production, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME C	
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	
14. PERMIT NO. 79 1076		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5222 KB		10. FIELD AND POOL, OR WILDCAT Douglas Lake	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-9N-69W	
		12. COUNTY Larimer	13. STATE CO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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 CONSERVATION COMMISSION

FOR OFFICE USE ONLY
ET
FF 50
UC
DR

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

SIGNED <u>Andy Vandegriff</u>	Representative of Operator	DATE 12-13-89
(This space for Federal or State office use)		
APPROVED BY <u>Stephen Roth</u>	TITLE <u>Sr. Engr.</u>	DATE <u>12/18/89</u>

CONDITIONS OF APPROVAL, IF ANY:

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