

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



00271823

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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Frank H. Walsh

3. ADDRESS OF OPERATOR  
P. O. Box 30, Sterling, CO 80751

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

12. COUNTY  
Larimer

13. STATE  
CO

14. PERMIT NO.  
79 1076

15. ELEVATIONS (Show whether DF, ET, OR, etc.)  
5222 KB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other)

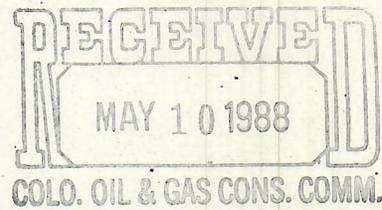
(Other)

(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.



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

SIGNED Judy Vandegriff

TITLE Operator

DATE 5-9-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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