

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.



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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Frank H. Walsh</p> <p>3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751</p> <p>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</p> <p>14. PERMIT NO. 79 1076</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Douglas Reservoir</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL, OR WILDCAT Douglas Lake</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-9N-69W</p> <p>12. COUNTY Larimer</p> <p>13. STATE CO</p>
<p>15. ELEVATIONS (Show whether DF, ET, OR, etc.) 5222 KB</p>	

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

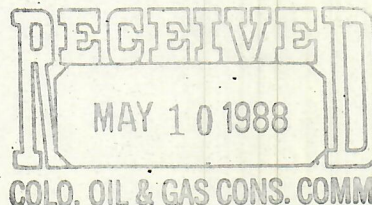
(Other)

(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.



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

SIGNED Gary Vandagill Representative of Operator DATE 5-9-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

