State of Colorado
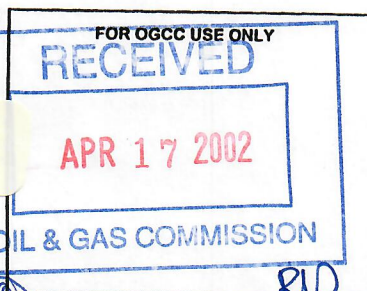# Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (3

COMPLETED INTERVAL REPORT

01337288

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 308. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

	Oper	OGCC
Wellbore diagram		
Site Facility Diagram		

1. OGCC Operator Number: 94090
2. Name of Operator: Walsh Production, Inc.
3. Address: P. O. Box 30
City: Sterling   State: CO   Zip: 80751

4. Contact Name and Telephone
Dean Gackle
No: 970-522-1839
Fax: 970-522-2535

5. API Number: 05-123-818100   6. County: Weld
7. Well Name: Castor   Well Number: 3-34
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW Section 34-T8N-R59W 6th PM

List in order of completion:

FORMATION: D Sand   ☐ Producing   ☐ Abandoned   ☒ Shut-In   ☐ Commingled

Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes)
6692'	6707'	120		☐

Formation Treatment *Describe*:
None

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H_2O:
10-12-2002	9	0	0	74

Production Test Method: Swabbing	Casing Pressure: Vac	Flowing Tubing Pressure:	Choke Size:

API Gravity Oil: ☐ Oil ☐ Condensate	BTU Gas:	☐ Wet ☐ CO_2 ☐ Helium ☐ Dry ☐ Coal Gas ☐ Other: _____	Gas Disposition:

Calculated 24 Hr. Rate Bbls Oil:	MCF Gas:	Bbls H_2O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:

Reason for Non-Production: Swabbing 100 Percent H20

Abandonment of Zone Date:	Squeezed: ☐ Y ☐ N	Sacks Cement:

Bridge Plug Depth:	Sacks Cement on Top:

FORMATION: ☐ Producing   ☐ Abandoned   ☐ Shut-In   ☐ Commingled

Perforations Gross Interval: Top	Bottom	No. Holes	Size:	Open Hole Completion (check if yes)
				☐

Formation Treatment *Describe*:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H_2O:

Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:

API Gravity Oil: ☐ Oil ☐ Condensate	BTU Gas:	☐ Wet ☐ CO_2 ☐ Helium ☐ Dry ☐ Coal Gas ☐ Other: _____	Gas Disposition:

Calculated 24 Hr. Rate Bbls Oil:	MCF Gas:	Bbls H_2O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:

Reason for Non-Production:

Abandonment of Zone Date:	Squeezed: ☐ Y ☐ N	Sacks Cement:

Bridge Plug Depth:	Sacks Cement on Top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Dean P. Gackle