

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



RECEIVED
DEC 11 1975

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Frank H. Walsh		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 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 NW SE Section 28-9N-53W At proposed prod. zone		8. FARM OR LEASE NAME Esther Strouse	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, FT, GR, etc.) 4187 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28-9N-53W	
		12. COUNTY Logan	13. STATE Colorado

NOTICE OF INTENTION TO :

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF :

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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 _____

Set 10 sack cement plug at surface.

Well is being considered temporarily abandoned pending second re-entry attempt using a larger rig (i.e. drilling rig).

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	

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

SIGNED Frank H. Walsh TITLE Operator DATE 12/10/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 18 1975
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

X