

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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**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.)

<b>1.</b> <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			<b>5. FEDERAL/INDIAN OR STATE LEASE NO.</b>  	
<b>2. NAME OF OPERATOR</b> Walsh Production, Inc.			<b>6. PERMIT NO.</b>  	
<b>3. ADDRESS OF OPERATOR</b> P. O. Box 30			<b>7. API NO.</b> 05 075 06462	
<b>CITY</b> Sterling <b>STATE</b> CO <b>ZIP CODE</b> 80751			<b>8. WELL NAME</b> C. F. Green	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL; 990' FEL			<b>9. WELL NUMBER</b> #2	
At proposed prod. zone			<b>10. FIELD OR WILDCAT</b> Walker	
<b>12. COUNTY</b> Logan			<b>11. QTR. QTR. SEC., T.R. AND MERIDIAN</b> NW NE NE Sec. 20-T9N-R53W	

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

<b>13A. NOTICE OF INTENTION TO:</b> <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	<b>13B. SUBSEQUENT REPORT OF:</b> <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED-SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple/Commungled Completions and Recompletions</small>	<b>13C. NOTIFICATION OF:</b> <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED Prior to 7/1/91* (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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**14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM** (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)

**15. DATE OF WORK** \_\_\_\_\_

This well is shut-in and waiting on abandonment.

**RECEIVED**

JAN 07 1992

COLO. OIL & GAS CONS. COMM.

\*This lease was purchased from Texaco Exploration and Production Inc. on 7-1-91 and has been shut-in since.  
Our records do not indicate a shut-in date.

**16. I hereby certify that the foregoing is true and correct**

SIGNED Debby Mari TELEPHONE NO. 303-522-1839  
 NAME (PRINT) Debby Mari TITLE Representative to Operator DATE 1-3-92

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: