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STATE OF COLORADO  
CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



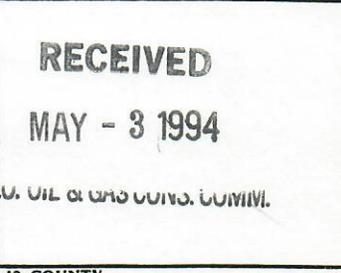
SUBMIT ORIGINAL AND 1 COPY

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.)

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



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

13A. NOTICE OF INTENTION TO: <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 _____	13B. SUBSEQUENT REPORT OF: <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 Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>12-01-89</u> ) (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 waiting on abandonment.

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

SIGNED David G. Walsh TELEPHONE NO. 303-522-1839

NAME (PRINT) David G. Walsh TITLE Operator DATE 5-2-94

(This space for Federal or State office use)

APPROVED R. VanSickle TITLE Engg. DATE JUL 11 1994

CONDITIONS OF APPROVAL, IF ANY:  
NIT Div. Dec 1-2-95.