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OCT 19 1994

COLO. OIL & GAS CONS. COMM.



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

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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.			6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 30 CITY: Sterling STATE: CO ZIP CODE: 80751			7. API NO. 05-075-06462
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space (7) below.) At surface 330' FNL; 990' FEL At proposed prod. zone			8. WELL NAME C. F. Green
			9. WELL NUMBER #2
			10. FIELD OR WILDCAT Walker
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW NE NE Sec 20-T9N-R53W

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

13A. NOTICE OF INTENTION TO: <input checked="" 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 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (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 December 1, 1994 thru December 31, 1994

1. Dump sand to cover perfs @ 4922'-64'.
2. Set 5 sack cement plug on top of sand.
3. Shoot and recover casing at approximately 3500'. — SEE CONDITIONS OF APPROVAL.
4. Set 30 sack cement plug in and out of base of surface pipe.
5. Set 5 sack cement plug at surface.
6. Cut off surface casing 4' below ground level and weld on cap.
7. Restore surface use.

VP

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 10-18-94

(This space for Federal or State office use)

APPROVED SR. PETROLEUM ENGINEER TITLE O & G Cons. Comm. DATE OCT 31 1994