

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.)

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 17 below.) At surface 330' FNL; 990' FEL At proposed prod. zone			8. WELL NAME C. F. Green
			9. WELL NUMBER #2
12. COUNTY Logan			10. FIELD OR WILDCAT Walker
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW NE NE Sec. 20-T9N-R53

RECEIVED

MAY 16 1995

COLO. OIL & GAS CONS. COMM.

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

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 4-17-95 thru 4-26-95

1. Cemented perfs with 15 sacks of cement.
2. Shoot casing and recovered.
3. Pumped 30 sacks cement in stub.
4. Pumped 45 sacks cement.
5. Set 5 sack cement plug at surface.
6. Cut off surface casing 4' below ground level and welded on cap.

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

SIGNED David G. Walsh TELEPHONE NO. 970-522-1839
NAME (PRINT) David G. Walsh TITLE Operator DATE 5-15-95

(This space for Federal or State office use)

APPROVED SR. PETROLEUM ENGINEER TITLE O & G Cons. Comm. DATE DEC 21 1995
CONDITIONS OF APPROVAL, IF ANY: