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OGCC Form  
Rev. 8/89STATE 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. WELL TYPE</b> <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			<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 06524	
<b>CITY</b> Sterling <b>STATE</b> CO <b>ZIP CODE</b> 80751			<b>8. WELL NAME</b> G. A. Henderson	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1720' FNL; 1166' FWL			<b>9. WELL NUMBER</b> #5	
At proposed prod. zone			<b>10. FIELD OR WILDCAT</b> Cedar Creek	
<b>12. COUNTY</b> Logan			<b>11. QTR. QTR. SEC.. T.R. AND MERIDIAN</b> NE SW NW Sec. 18-T9N-R53W	

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 report of Multiple/Commungled Completions and Recompletions

**13C. NOTIFICATION OF:**

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE 5-19-83) (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** \_\_\_\_\_

This well is shut-in pending further evaluation.

**RECEIVED**

JAN 07 1992

COLO. OIL &amp; GAS CONS. COMM.

**16. I hereby certify that the foregoing is true and correct**SIGNED Debby Mari TELEPHONE NO. 303-522-1839NAME (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: