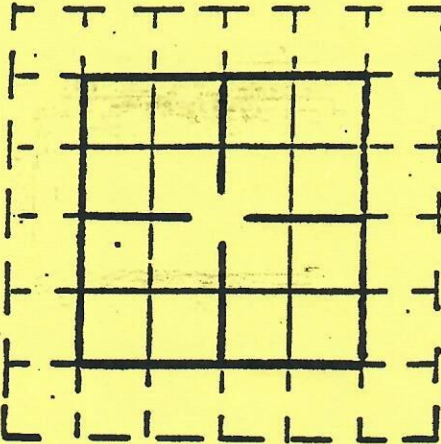


41C

075-08507-1

VERBAL REQUEST



NOTICE OF INTENT TO DRILL _____

NOTICE OF INTENT TO ABANDON

OTHER _____



COMPANY Walsh ADDRESS _____

BY Bill Walsh PHONE NO. 522 1839 EXT. _____

WELL NO. 4-35 LEASE Emerald Unit

COUNTY Logan FIELD Emerald DRLG UNIT _____

LOCATION NESW SEC 35 TWP 9N RNGE 54W MERIDIAN _____

_____ ft. from N or S Sec. Line, and _____ ft. from E or W Sec. Line

ESTIMATED DATE OF WORK 9-8-97 ESTIMATED TIME 3pm

DETAILS OF PLAN OF WORK: T.D. ±5258 FORMATION JSD

SURFACE CASING 8 7/8 - 128' 4 1/2 @ 5284'

Pump - 20 sk plug @ 5230 TOC - 4300

Cut off casing Freepoint ± 5800'

40 sk @ 650'

40 sk @ 170'

10 sk @ 35'

cut off 75' bgl weld plate x surf. csg.

BONDING STATUS: PLUGGING _____ SURFACE _____ OTHER _____

Is surface owner also mineral owner? _____

ACREAGE LEASED SURROUNDING DRILLSITE _____

APPROVED BY: [Signature]

RECEIVED
DATE 9-8-97

SEP 25 1997

Faxed to 522 2535

State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

MECHANICAL INTEGRITY TEST

FOR OGCC USE ONLY

RECEIVED

SEP 25 1997

OIL & GAS CONS. COMM

ET	OE	PR	ES
----	----	----	----

Fill out Part II of this form if well tested is a permitted or pending injection well.

- Duration of the pressure test must be a minimum of 15 minutes.
- A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
- For production wells, test pressures must be at a minimum of 300 psig.
- For injection wells, test pressures must be at 300 psig or minimum injection pressure whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a. (1) B. or C.
- OGCC notification must be provided prior to the test.
- Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 94090	Contact Name & Phone: David Walsh
Name of Operator: Walsh Production, Inc.	No: 970-522-1839
Address: P.O. Box 30	Fax: 970-522-2535
City: Sterling State: CO Zip: 80751	Field Name: Emerald Field No:
API Number: 05-075-08507	Well Name: Emerald Unit Number: 4-35
Location (QtrQtr, Sec, Twp, Rng, Meridian): NE SW Section 35-19N-R54W	

Complete the Attachment Checklist

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

SHUT-IN PRODUCTION WELL INJECTION WELL FACILITY NO: 330

Part I Pressure Test

5-Year Test Test to Maintain SI/TA Status Reset Packer

Verification of Repairs (describe repairs): _____

NA - Not Applicable	Wellbore Data at Time Test	
Injection/Producing Zone(s) J Sand	Perforated Interval <input type="checkbox"/> NA 5228-5241	Open Hole Interval <input type="checkbox"/> NA

Casing Test NA

Use when perforations or open hole is isolated by bridge plug or cement plug

Bridge Plug or Cement Plug Depth _____

Tubing Casing/Annulus Test NA

Tubing Size: 2 3/3	Tubing Depth: 5200	Top Packer Depth: 5200	Multiple Packers: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--------------------	--------------------	------------------------	---

Test Data

Test Date: 8/19/97	Well Status During Test: Shut in	Date of Last Approved MIT:	Casing Pressure Before Test:	Initial Tubing Pressure:	Final Tubing Pressure:
Starting Casing Test Pressure: 350	Casing Pressure - 5 Min.: 200	Casing Pressure - 10 Min.: 150	Final Casing Test Pressure: 130	Pressure Loss or Gain During Test: 220 -	

Test Witnessed by State Representative: NO YES

OGCC Field Representative: EBB

Part II Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

Tracer Survey CBL or Equiv. Temperature Survey

Run Date: 4/21/92 Run Date: _____ Run Date: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Roger Rimple Title: _____ Date: SEP 25 1997

Signed: Roger Rimple

OGCC Approval: FAILED MIT Title: _____ Date: _____

Conditions of Approval, if any: Repair possible casing/packer leak by Sept 19, 1997.
EXT 2-22-98-EP Confirmed Csg leak - VP-9-8-97

MIT Required 8-19

COLORADO OIL AND GAS CONSERVATION COMMISSION - NIC FIELD REPORT

FAC# 330 API# 075 08507 1 INSPECTOR Ed Bundy DATE 9/18/97

WELL NAME EMERALD UNIT 4-35 TYPE E SITE INSPECTION

FIELD 20750 EMERALD STATUS AC WITNESS MIT

OPER 94090 WALSH PRODUCTION INC

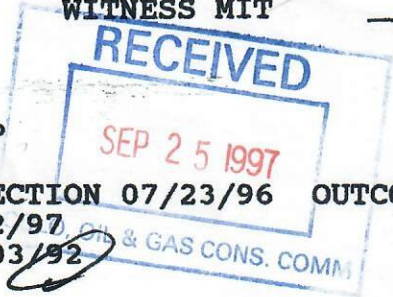
LOCATION NESW 35 9.0N 54.0W 6 COMPLETION TYPE TP

MAX PRESS: WTR 873 PSI GAS PSI DATE LAST INSPECTION 07/23/96 OUTCOME A
LAST REPORTED: WTR GAS PSI 02/97

MIT APPROVAL DATE 06/04/92 DATE LAST MIT 06/03/92

WELL RESTRICTIONS
REMEDIAL ACTION

PERMIT RESTRICTIONS NEW WELLS NOTIFY PARTIES OUTSIDE UNIT & DO AOR REVIEW F



TUBING PRESSURE	ZONE	JSND	PERFS
MIT INJECTING 10 PSI	TOP	5228	
MIT NOT INJECTING PSI	BOT	5241	
TUBING-CASING ANNULUS 0 PSI			
BRAIDENHEAD PSI			

MECHANICAL INTEGRITY TEST

0 MIN. 350 PSI	MIT PACKER DEPTH
5 MIN. 340 PSI	
10 MIN. 330 PSI	
15 MIN. 320 PSI	

PRESS CHANGE 20 PSI

CHART USED - YES ___ NO ___	PACKER	5200
ACCEPTABLE <input checked="" type="checkbox"/> NOT ACCEPTABLE ___	LINER	
REMARKS: CP v dead	TOP	
	SIZE	
	DEPTH	
	PBTD	5274
	MD	5274

MIT required - 8-19 failed

Repair or plug within 6 months -

Deadline - 2-19-98 Tbg/PKR Seal.

