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001-06014
S CONSERVATION COMMISSION
E STATE OF COLORADOate for Patented and Federal lands.
ate for State lands.

RECEIVED

FEB 22 1971

5. LEASE DESIGNATION AND SERIAL NO.

COLD OIL & GAS CONS. COMM.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Frank H. Walsh | | 8. FARM OR LEASE NAME Jim Noonan #3 | |
| 3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 80751 | | 9. WELL NO. #1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SE Section 14, T3S, R59W At proposed prod. zone | | 10. FIELD AND POOL, OR WILDCAT Noonan 60000 | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5169' | |
| | | 12. COUNTY OR PARISH Adams | |
| | | 13. STATE Colorado | |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT | <input checked="" type="checkbox"/> |
| (Other) | | | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work February 13, 1971

10 sks of Cement were set across perfs (6112-20). Filled hole with mud. Cement plug of 35 sks was placed from the base of the Fox Hills formation into the base of the surface casing. Placed 5 sks at surface and welded cap on surface pipe.

| | |
|-----|-------------------------------------|
| DVR | |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

Ex Oil Prod.

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

SIGNED

TITLE

Owner

DATE

February 18, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

FEB 23 1971

CONDITIONS OF APPROVAL, IF ANY:



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