



OGCC FORM 4

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

REV. 7-64

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

## 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"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.                           |                 |
| 2. NAME OF OPERATOR<br>Frank H. Walsh  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                          |                 |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 30, Sterling, CO 80751   |  | 7. UNIT AGREEMENT NAME  |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>At proposed prod. zone NE SW NW of 24-3S-59W |  | 8. FARM OR LEASE NAME<br>Noonen                               |                 |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>#1   |                 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.)<br>5198 KB  |  | 10. FIELD AND POOL, OR WILDCAT<br>Noonen Ranch                |                 |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>24-3S-59W |                 |
|  |  | 12. COUNTY<br>Adams   | 13. STATE<br>CO |

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

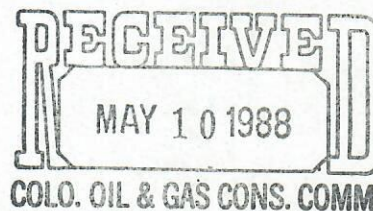
WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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 \_\_\_\_\_

This Well is Shut-In.



|   |                                       |                     |  |
|---|---------------------------------------|---------------------|--|
| 18. I hereby certify that the foregoing is true and correct |                                       | Representative to   |  |
| SIGNED <u>Judy Vancop</u>                                   | TITLE <u>Operator</u>                 | DATE <u>5-9-88</u>  |  |
| (This space for Federal or State office use)                |                                       |                     |  |
| APPROVED BY <u>[Signature]</u>                              | TITLE <u>SUPR. PETROLEUM ENGINEER</u> | DATE <u>5-10-88</u> |  |
| CONDITIONS OF APPROVAL, IF ANY:                             |                                       |                     |  |

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.