

(001-26847)

OGCC FORM 4 -  
REV. 7-64

OIL AND GAS COMMISSION  
DEPARTMENT OF THE STATE OF COLORADO  
99999999

JUL 10 1974

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

5. LEASE DESIGNATION (AND SERIAL NO.)  
COLO. OIL & GAS CONS. COMM.

### 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Frank H. Walsh		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 80751		8. FARM OR LEASE NAME Downing-Champlin	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600 FSL, 1980 FEL Section 23-3S-59W At proposed prod. zone (SW SE)		9. WELL NO. 23-1	
14. PERMIT NO. 74-361		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5107 GR		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 23=3S=59W	
		12. COUNTY Adams	13. STATE Colorado

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

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 June 2, 1974

Well was plugged by leaving heavy mud, 15 sacks cement plug at base of surface pipe and 10 sacks at top.

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

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

SIGNED Frank H. Walsh TITLE Operator DATE 7/8/74

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE JUL 16 1974  
CONDITIONS OF APPROVAL, IF ANY:

