

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

FOR OFFICE USE			
LET	IFE	LOC	ISE
1/9			

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

API 05 001 6663

5. LEASE DESIGNATION & SERIAL NO.

02945

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 Walsh Production, Inc.	8. FARM OR LEASE NAME Champlin 113 Amoco "A"
3. ADDRESS OF OPERATOR P. O. Box 30 Sterling, CO 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 660' FEL; 1980' FSL Sec. 23 (NE SE) At proposed prod. zone SAME	10. FIELD AND POOL, OR WILDCAT Noonen Ranch ✓ 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-T3S-R59W
14. PERMIT NO. 73-210	12. COUNTY Adams
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5156 GR	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) Off Lease Water Disposal	<input checked="" type="checkbox"/>

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

18. Date of work October 1, 1989

* Must be accompanied by a cement verification report.

Request approval to dispose of produced formation water into the Walsh -
Downing #24-1 disposal well located in the NW SW 24-T3S-R59W. *Let 29415*
This well is completed in the J Sand, as is the disposal well.
The volume shall not exceed 100 BWPD. It is anticipated that this
volume will not interfere with the surface pressure restriction placed
on the Downing #24-1 disposal well.

RECEIVED

SEP 20 1989

COLO. OIL & GAS CONS. COMM.

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

PRINT Walsh Production, Inc. / David G. Walsh

SIGNED *David G. Walsh* TITLE Operator DATE 9-19-89

(This space for Federal or State office use)

APPROVED BY *Ed D. Matter*
CONDITIONS OF APPROVAL, IF ANY:

SR. PETROLEUM ENGINEER

O & G Cons. Comm

SEP 28 '89

00104677