



99999999

ND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

n duplicate for Patented and Federal lands.  
n triplicate for State lands.

RECEIVED

(001-05041) FEB 22 1971

5. LEASE DESIGNATION AND SERIAL NO.

CALO. 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 UPRR Noonon	
3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 80751		9. WELL NO. #3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 900' N of S line At proposed prod. zone 660' E of W line, Section 13, T3S, R59W		10. FIELD AND POOL, OR WILDCAT Noonon	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13-3S-59W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5169' KB		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:		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 February 5, 1971

10 sks of cement were set across perfs (6092-98). Filled holw 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 Prodc

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

SIGNED [Signature] TITLE Owner DATE February 18, 1971

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 23 1971  
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:



00792355