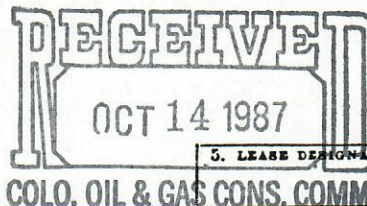




00230278

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

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



5. LEASE DESIGNATION AND SERIAL NO.

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 ☐ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Frank H. Walsh

8. FARM OR LEASE NAME

Noonen UPRR 02983

3. ADDRESS OF OPERATOR
P. O. Box 30, Sterling, CO 80751

9. WELL NO.

#1-B

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Noonen Ranch

At proposed prod. zone

SE SW
660' FSL, 1845' FWL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

13-3S-59W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5105' KB

12. COUNTY

Adams

13. STATE

CO

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

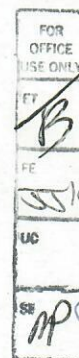
WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT ☐(Other) ☐

(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 _____

Temporarily Shut-In.



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

Representative of

SIGNED

Gudy Vandagriff

TITLE

Operator

DATE

10-9-87

(This space for Federal or State office use)

APPROVED BY

William R. Smith

TITLE

DIRECTOR

DATE

OCT 16 1987

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm

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