

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO



00230275

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Walsh Production, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone SE SW 660' FSL, 1845' FWL		8. FARM OR LEASE NAME Noonen UPRR	
14. PERMIT NO.		9. WELL NO. #1-B	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5105' KB		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
12. COUNTY Adams		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-3S-59W	
13. STATE CO			

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Date of work _____

Temporarily Shut-In.

RECEIVED
 DEC 18 1989
 COLO. OIL & GAS CONSERVATION COMMISSION

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

SIGNED <u>Andy Vandagriff</u>	Representative of Operator	DATE <u>12-13-89</u>
(This space for Federal or State office use)		
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE _____

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

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT ☐

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SIGNED Chad Vandagriff TITLE Operator DATE 12/6/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

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