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STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

1. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6. PERMIT NO. 10001

2. NAME OF OPERATOR
Walsh Production, Inc.

7. API NO. 05-001-5040

3. ADDRESS OF OPERATOR
P. O. Box 30

8. WELL NAME
Noonen UPRR

CITY STATE ZIP CODE
Sterling CO 80751

9. WELL NUMBER
#1-B

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 660' FSL, 1845' FWL

10. FIELD OR WILDCAT
Noonen Ranch

At proposed prod. zone

12. COUNTY Adams 11. QTR. QTR. SEC., T.R. AND MERIDIAN
Sec. 13-3S-59W (SESW)

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

- 13A. NOTICE OF INTENTION TO:
- PLUG AND ABANDON
 - MULTIPLE COMPLETION
 - COMMINGLE ZONES
 - FRACTURE TREAT
 - REPAIR WELL
 - OTHER _____

- 13B. SUBSEQUENT REPORT OF:
- FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
 - ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
 - REPAIRED WELL
 - OTHER
- *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions*

- 13C. NOTIFICATION OF:
- SHUT-IN/TEMPORARILY ABANDONED (DATE 11/87) (REQUIRED EVERY 6 MONTHS)
 - PRODUCTION RESUMED (DATE _____)
 - LOCATION CHANGE (SUBMIT NEW PLAT)
 - WELL NAME CHANGE
 - OTHER _____

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK _____

This well is currently shut-in due to economic conditions.

RECEIVED

DEC 19 1990

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

COLO. OIL & GAS CONS. COMM

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

SIGNED Debby Mari TELEPHONE NO. 303-522-1839

NAME (PRINT) Debby Mari TITLE Representative of Operator DATE 12-17-90

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: