



STATE OF COLORADO
OIL AND 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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Walsh Production, Inc.		6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 30		7. API NO. 001-05-0400 <i>05 001 5040</i>
CITY: Sterling STATE: CO ZIP CODE: 80751		8. WELL NAME Noonen UPRR
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		9. WELL NUMBER #1-B
At proposed prod. zone		10. FIELD OR WILDCAT Noonen Ranch
12. COUNTY Adams		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SW Sec. 13-T3S-R59W

RECEIVED
DEC 15 1994
COLO. OIL & GAS CONS. COMM.

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
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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 markings and zones pertinent)

15. DATE OF WORK 10/27/94 thru 10/31/94

- Dumped 75 gallons sand to cover perms.
- Ran 5 sack cement plug on top of sand.
On 5/4/83 a casing leak was discovered in the 5½" production casing at 150' from surface. The casing was squeeze cemented with 75 sacks cement. Good cement returns were observed at surface. Therefore, no recovery of casing was possible.
- A 30 sack plug was set 9 joints (270') down from surface to 270'.
- Casing was cut 4' below surface and welded cap on casing.
- Restored surface disturbance.

EXHAUSTED OIL WELL

1003 02983

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

SIGNED *Frank H. Walsh* TELEPHONE NO. 303-522-1839
NAME (PRINT) Frank H. Walsh TITLE Operator DATE 11/18/94

(This space for Federal or State office use)

APPROVED *DK Dixon* TITLE SR. PETROLEUM ENGINEER DATE APR 28 1995
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.