

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

RECEIVED
OCT 14 1987
COLO. OIL & GAS CON. COMM.

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uplicate for Patented and Federal lands.
uplicate for State lands.

3. LEASE DESIGNATION AND SERIAL NO.
4. COUNTY, 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 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 Noonen UPRR 02983	
3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751		9. WELL NO. #2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 13-3S-59W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5087' KB		12. COUNTY Adams	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) _____	

(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.

FOR OFFICE USE ONLY

EF

FE

SSIC

UC

SE

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

SIGNED Greg Vendaguff 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.