

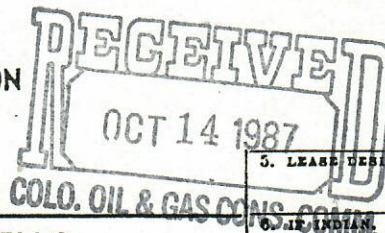
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

REF



00230294

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



3. LEASE DESIGNATION AND SERIAL NO.

4. NAME, 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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Frank H. Walsh		8. FARM OR LEASE NAME Noonon 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 Noonon Ranch	
14. PERMIT NO.		11. SEC., T., R., 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:

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

SUBSEQUENT REPORT OF:

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

(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 <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
SSIC <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input checked="" type="checkbox"/>

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

Representative of

SIGNED

Greg Vendagoff

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.