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STATE OF COLORADO
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.)			5. FEDERAL/INDIAN OR STATE LEASE NO.	
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			6. PERMIT NO. 59-10001	
2. NAME OF OPERATOR Walsh Production, Inc.			7. API NO. 05-001-5044	
3. ADDRESS OF OPERATOR P. O. Box 30			8. WELL NAME Noonen UPRR	
CITY STATE ZIP CODE Sterling CO 80751			9. WELL NUMBER #2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' N/S; 1980' E/W			10. FIELD OR WILDCAT Noonen Ranch	
At proposed prod. zone			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW Sec. 13-3S-59W	
			12. COUNTY Adams	

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 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/Commungled Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>7/90</u>) (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 markers and zones pertinent

15. DATE OF WORK _____

This well is 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 to Operator DATE 12-17-90

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: