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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.)

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. 59-10001
3. ADDRESS OF OPERATOR P. O. Box 30			7. API NO. 05-001-5044
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 1980' N/S; 1980' E/W			9. WELL NUMBER #2
At proposed prod. zone			10. FIELD OR WILDCAT Noonen Ranch
12. COUNTY Adams			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW Sec. 13-3S-59W

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 report of Multiple/Commungled Completions
 and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED
 (DATE 7/90)
 (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 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: