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

SUBMIT ORIGINAL AND 1 COPY

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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.)

JUN 20 1991

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. 001 05 0440	
3. ADDRESS OF OPERATOR P. O. Box 30			7. API NO.	
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 #2B	
At proposed prod. zone			10. FIELD OR WILDCAT Noonen Ranch	
12. COUNTY Adams			11. QTR. QTR. SEC.. T.R. AND MERIDIAN C NE SW Sec. 13-T3S-R59W	

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 type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input checked="" type="checkbox"/> PRODUCTION RESUMED (DATE 4/22/91)</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 _____

Production resumed on this well as of 4/22/91.

**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**

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

SIGNED Debby Mari TELEPHONE NO. 303-522-1839

NAME (PRINT) Debby Mari TITLE Rep. to Operator DATE 6-19-91

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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3. ADDRESS OF OPERATOR P. O. Box 30			8. WELL NAME Noonen UPRR		9. WELL NUMBER #2B	
CITY Sterling	STATE CO	ZIP CODE 80751	10. FIELD OR WILDCAT Noonen Ranch		11. QTR. QTR. SEC., T.R. AND MERIDIAN C NE SW Sec. 13-T3S-R59W	
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 At proposed prod. zone			12. COUNTY Adams			

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 _____) (REQUIRED EVERY 6 MONTHS)
- ☒ PRODUCTION RESUMED (DATE 4/22/91)
- ☐ 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)

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