



00325794

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

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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 <u>Water Injection</u>		5. LEASE DESIGNATION & SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME <u>West Fork Unit</u>	
2. NAME OF OPERATOR <u>Berry Energy, Inc.</u>		8. FARM OR LEASE NAME <u>West Fork Unit</u>	
3. ADDRESS OF OPERATOR <u>1019 8th Street, Suite 301, Golden, CO 80401</u>		9. WELL NO. <u>#5</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SW/4 NW/4 Sec. 19-T3S-R55W</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>West Fork</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-T3S-R55W</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4758 KB</u>	12. COUNTY <u>Washington</u>	13. STATE <u>Colorado</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) Temporarily Abandoned ☒

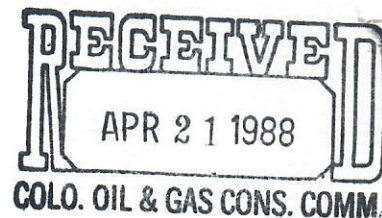
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

This well is temporarily abandoned.



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

SIGNED

Marietta BarnhartTITLE ControllerDATE 4/20/88

(This space for Federal or State office use)

APPROVED BY

Ed D. Matter

TITLE

SR. PETROLEUM ENGINEER

DATE

MAY 02 88

CONDITIONS OF APPROVAL, IF ANY:

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