

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



00325852

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

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN 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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection</u>		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>#14</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SE/4 SW/4 Sec. 19-T3S-R55W</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>West Fork</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>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-T3S-R55W</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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>	

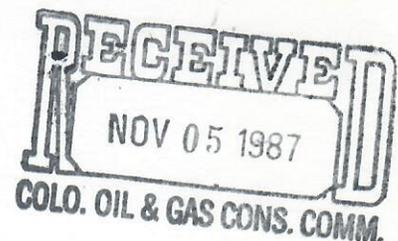
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

FOR OFFICE USE ONLY



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

SIGNED Maritta Barnholt TITLE Controller DATE 11/4/87

(This space for Federal or State office use)

APPROVED BY C. D. Mattar TITLE SR. PETROLEUM ENGINEER DATE NOV 24 '87

CONDITIONS OF APPROVAL, IF ANY:

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