

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.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <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>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-T3S-R55W</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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Temporarily Abandoned

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

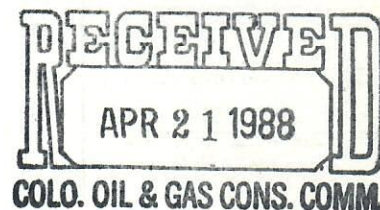
REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

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 Barnhart

TITLE

ControllerDATE 4/20/88

(This space for Federal or State office use)

APPROVED BY

Ed D. Matter

TITLE

SR. PETROLEUM ENGINEERO & G Cons. Comm

DATE

MAY 02 88

CONDITIONS OF APPROVAL, IF ANY:

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