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MAY 29 1985

COLO. OIL & GAS CON. COMM.

OGCC FORM 4

REV. 7-64

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 70/8163-I
2. NAME OF OPERATOR Frank H. Walsh (303)522-1839		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR Box 30, Sterling, CO 80751		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone SW SW SE Section 20-7N-53W <i>SE</i>		8. FARM OR LEASE NAME State of Colorado
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4097 KB		10. FIELD AND POOL, OR WILDCAT Atwood
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-7N-53W
		12. COUNTY Logan
		13. STATE Colorado

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/>	Change Name <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.)

Date of work Immediately

To aid in identification and reduce confusion of names, we request the name change of State #1 (SW SW SE 20-7N-53W) to State "A" #3.

FILED	
FJP	
BY	
TAM	
REC	
DATE	
OFFICE	

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Operator DATE 5-28-85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE JUN 3 1985
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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