



STATE OF COLORADO
AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



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| FOR OFFICE USE ONLY | | |
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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.)

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| 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. | | 7. API NO. 075 6540 05 001-00872 RECEIVED MAY - 3 1994 COLO. OIL & GAS CONSV. COMMISSION |
| 3. ADDRESS OF OPERATOR P. O. Box 30 | | |
| CITY Sterling STATE CO ZIP CODE 80751 | 6. PERMIT NO. | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL; 1650' FWL At proposed prod. zone | | 8. WELL NAME G. A. Henderson |
| 12. COUNTY Logan | | 9. WELL NUMBER #3 |
| | | 10. FIELD OR WILDCAT Cedar Creek |
| | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN NW NE NW Sec. 18-T9N-R53W |

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

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| 13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____ | 13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple Commingled Completions and Recompletions</small> | 13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>Prior to 7-1-91*</u> 6-18-87) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____ |
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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 _____

This well is currently shut-in.
The well is part of a multiple well lease and could be used for reservoir monitoring purposes.

Comply with Rule 324-b. Run and submit Mechanical Integrity Test within 6 months or P & A well.

*This lease was purchased from Texaco Exploration and Production Inc. on 7-1-91 and has been shut-in since. Our records do not indicate a shut-in date by Texaco.

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

SIGNED Debby Mari TELEPHONE NO. 303-522-1839
NAME (PRINT) Debby Mari TITLE Representative to Operator DATE 5-2-94

(This space for Federal or State office use)

APPROVED Jackie Hoh TITLE EA DATE 6-23-95
CONDITIONS OF APPROVAL, IF ANY: