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STATE OF COLORADO  
AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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.)

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.			6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 30 CITY STATE ZIP CODE Sterling CO 80751			7. API NO. 075 6540 05 001-00872
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

## 13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

## 13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

\*Use Form 5 - Well Completion or Recompletion Reports and Log for subsequent reports of Multiple Commingled Completions and Recompletions

## 13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE Prior to 7-1-91\* 6-18-87)  
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

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 &amp; 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)

TITLE

Representative to Operator

DATE 5-2-94

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: