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State Lands.

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RECEIVED

APR 20 1970

COLO. OIL & GAS CONS. COMM. AND SERIAL NO.

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 checked="" type="checkbox"/> OTHER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR Frank H. Walsh | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR Box 30, Sterling, Colorado 80751 | | 8. FARM OR LEASE NAME Chapel | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SE NE Sec. 17, T9N, R56W, (1650' FNL, 330' FEL) At proposed prod. zone Same | | 9. WELL NO. #2 | |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Cotton Valley 12100 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4501' GR | | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 17-9N-56W | |
| | | 12. COUNTY OR PARISH Weld | 13. STATE Colorado |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

(Other)

(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 PLUGGING DATE: 11-24-69

Blew well down and filled with mud.
 Plug No. 1 5850-5700', 20 sks.
 Cut and recovered 5½" casing.
 Plug No. 2 across 5½" stub with 20 sks.
 Plug No. 3 180-100, 20 sks.
 Plug No. 4 surface with 5 sks.
 Cut off casing head and erected marker.
 Cleaned and restored location.

| | |
|-----|---|
| DVR | |
| FJP | ✓ |
| HMM | ✓ |
| JAM | ✓ |
| JJD | ✓ |

Ex Gas Prod

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

SIGNED

TITLE Owner

DATE April 17, 1970

(This space for Federal or State office use)

APPROVED BY

DIRECTOR

TITLE

O & G CONS. COMM.

DATE

APR 23 1970

CONDITIONS OF APPROVAL, IF ANY:



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