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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 GAS WELL OTHER

2. NAME OF OPERATOR: Frank H. Walsh

3. ADDRESS OF OPERATOR: Box 30, Sterling, Colorado 80751

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

5. LEASE DESIGNATION AND SERIAL NO. (Handwritten: 94100 API 123 05672)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Chapel

9. WELL NO.: #2

10. FIELD AND POOL, OR WILDCAT: Cotton Valley (Handwritten: 12100)

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA: 17-9N-56W

12. COUNTY OR PARISH: Weld

13. STATE: Colorado

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4501' GR

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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 _____ PLUGGING DATE: 11-24-69

Blew well down and filled with mud.
 Plug No. 1 5850-5700', 20 sks.
 Cut and recovered 5 1/2" casing.
 Plug No. 2 across 5 1/2" 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	✓
HHM	✓
JAM	✓
JJD	✓

Ex Gas Prod

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

SIGNED: Frank H. Walsh TITLE: Owner DATE: April 17, 1970

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE: DIRECTOR DATE: APR 23 1970
 O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:



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