



00241788

REV. 7-6-3

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.

RECEIVED

JUN 12 1975

COLO. OIL & GAS CONS. COMM.

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 type="checkbox"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.                           |                       |
| 2. NAME OF OPERATOR<br>Frank H. Walsh  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                          |                       |
| 3. ADDRESS OF OPERATOR<br>Box 30, Sterling, Colorado 80751   |  | 7. UNIT AGREEMENT NAME  |                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>At proposed prod. zone C NE SE Section 27-9N-56W |  | 8. FARM OR LEASE NAME<br>Fannie Dunning                       |                       |
| 14. PERMIT NO.<br>75 468   |  | 9. WELL NO.<br>#27-1  |                       |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4457 Ground  |  | 10. FIELD AND POOL, OR WILDCAT<br>Tapadero                    |                       |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>27-9N-56W |                       |
|  |  | 12. COUNTY<br>Weld  | 13. STATE<br>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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (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 6-4-75

Plug and abandon well.

Plugging statement should be forthcoming from Gear Drilling Company.

|     |   |
|-----|---|
| DVR |   |
| FJP | ✓ |
| HHM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| GCH | ✓ |
| CGM |   |

*Verbal plug 6/4/75*

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Operator DATE 6/11/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 24 1975  
CONDITIONS OF APPROVAL, IF ANY:

X