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STATE OF COLORADO  
OIL 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.  70/8163-I
2. NAME OF OPERATOR Walsh Production, Inc.		6. PERMIT NO. NA
3. ADDRESS OF OPERATOR P. O. Box 30		7. API NO. 05 075 5277
CITY STATE ZIP CODE Sterling CO 80751		8. WELL NAME State A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' S/N; 990' W/E  At proposed prod. zone		9. WELL NUMBER #1
12. COUNTY Logan		10. FIELD OR WILDCAT Atwood
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE NE Sec. 29-T7N-R53W

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

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 Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE 4-8-92) (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 _____
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 is a shut-in well as of 4-8-92.

RECEIVED

SEP 08 1992

COLO. OIL & GAS CONS. COMM.

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

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 9-1-92

(This space for Federal or State office use)

APPROVED R. Van Sickle TITLE Engr. DATE OCT 12 1992  
CONDITIONS OF APPROVAL, IF ANY: