

STATE OF COLORADO
CONSERVATION COMMISSION
OF NATURAL RESOURCES
ORIGINAL AND 1 COPY



99999999



FOR OFFICE USE ONLY			
ET	EE	UC	SE

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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

70/8163-I

1. ☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

6. PERMIT NO.

2. NAME OF OPERATOR

Walsh Production, Inc.

7. API NO.

05 075 5277

3. ADDRESS OF OPERATOR

P. O. Box 30

8. WELL NAME

State A

CITY STATE ZIP CODE
Sterling CO 80751

9. WELL NUMBER

#1

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

RECEIVED

MAY - 3 1994

COLORADO OIL & GAS CONSERVATION COMMISSION

10. FIELD OR WILDCAT

Atwood

12. COUNTY

Logan

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:

- ☐ 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 Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE 4-8-92) (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 is a shut-in well as of 4-8-92.

The well is part of a multiple well lease and could be used for reservoir monitoring purposes.



STATUS REPORT REQUIRED
EVERY 12 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

5-2-94

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

7-15-94